

ATTACHMENT ONE

OPERATIONAL 2-1-1 CALL CENTERS

ALABAMA

2-1-1 CONNECTS SOUTH CENTRAL ALABAMA, 312 Montgomery Street, Ste. 303, Montgomery, 36103

UNITED WAY OF ATHENS & LIMESTONE COUNTY 2-1-1, 419 South Marion Street, Athens, 35611

UNITED WAY INFORMATION & REFERRAL/2-1-1, PO Box 320189, Birmingham, 35232

MORGAN COUNTY 2-1-1 INFORMATION & REFERRAL, 1909 Central Pkwy, SW, Decatur, 35601

2-1-1/FIRST CALL FOR HELP, PO Box 1175, Gadsden, 35902

2-1-1/HELPLINE, PO Box 368, Huntsville, 35804

UNITED WAY 2-1-1, PO Box 91068, Mobile, 36691-1068

INFORMATION & REFERRAL SERVICE OF THE UNITED WAY OF WEST ALABAMA, PO Box 2291, Tuscaloosa, 35403

ALASKA (STATEWIDE)

ALASKA 2-1-1, 701 W. 8th Avenue, Suite 230, Anchorage, 99501

CALIFORNIA

2-1-1 SAN FRANCISCO, 221 Main Street, Suite 300, San Francisco, 94105

2-1-1 SANTA CLARA COUNTY, 1922 The Alameda, San Jose, 95126

2-1-1 SAN BERNARDINO COUNTY, 9624 Hermosa Avenue, Rancho Cucamonga, 91730

2-1-1 RIVERSIDE COUNTY, PO Box 5376, Riverside, 92517

2-1-1 HELPLINE SANTA BARBARA COUNTY, 123 West Gutierrez Street,
Santa Barbara, 93101

2-1-1 ALAMEDA COUNTY, 570 B Street, Hayward, 94541

2-1-1 LOS ANGELES COUNTY, PO Box 726, San Gabriel, 91778

2-1-1 VENTURA, 1305 Del Norte Road, Camarillo, 93010

2-1-1 CONTRA COSTA, PO Box 3364, Walnut Creek, 94598

2-1-1 SAN DIEGO, PO Box 881307, San Diego, 92168

2-1-1 ORANGE COUNTY, PO Box 10425, Costa Mesa, 92627

COLORADO

PIKES PEAK UNITED WAY 2-1-1, 518 North Nevada Avenue, Colorado
Springs, 80903

MILE HIGH UNITED WAY 2-1-1, 2505 18th Street, Denver, 80211

2-1-1 OF SOUTHEAST COLORADO, 230 North Union Avenue, Pueblo, 81003

FIRST CALL 2-1-1, 424 Pine Street, Fort Collins, 80524

2-1-1/INFOLINE RESOURCE & REFERRAL OF MESA COUNTY, 510 29 ½
Road, Grand Junction, 81504

2-1-1 COMMUNITY LINK, 106 Richardson, Alamosa, 81101

UNITED WAY OF WELD COUNTY 2-1-1, 814 9th Street, Greeley, 80632

CONNECTICUT (STATEWIDE)

2-1-1 CONNECTICUT, 1344 Silas Deane Highway, Rocky Hill, 60671

DISTRICT OF COLUMBIA

211 ANSWERS, PLEASE!, 64 New York Avenue, Washington, DC 20002

FLORIDA

UNITED WAY 2-1-1 FOR NORTH CENTRAL FLORIDA, 6031 Northwest 1st Place, Gainesville, 32607

2-1-1 CHARLOTTE, 512 East Grace Street, Punta Gorda, 33950

UNITED WAY 2-1-1, 7275 Concourse Drive, Fort Myers, 33908

2-1-1 VOLUSIA & FLAGLER, 3747 West International Speedway, Daytona Beach, 32124

2-1-1 BREVARD, PO Box 417, Cocoa, 32923

UNITED WAY 2-1-1, 1301 Riverplace Blvd., Suite 400, Jacksonville, 32207

2-1-1 FIRST CALL FOR HELP OF BROWARD, 3217 Northwest 10th Terr., Fort Lauderdale, 33309

2-1-1 BIG BEND, PO Box 10950, Tallahassee, 32302

UNITED WAY 2-1-1 OF MARION COUNTY, PO Box 1086, Ocala, 34478

2-1-1 TAMPA BAY, One Crisis Center Plaza, Tampa, 33613

2-1-1 PALM BEACH/TREASURE COAST, PO Box 3588, Lantana, 33465

UNITED WAY 2-1-1 OF MANASOTA, 1445 2nd Street, Sarasota, 34236

UNITED WAY 2-1-1 & ELDER HELPLINE, 1940 Traylor Blvd., Orlando, 32804

UNITED WAY 2-1-1 OF PASCO COUNTY, PO Box 609, Port Richey, 34673

SWITCHBOARD OF MIAMI, 701 Southwest 27th Avenue, Suite 1000, Miami, 33135

2-1-1 TAMPA BAY CARES, 50 S. Belcher Road, Suite 116, Clearwater, 33765

GEORGIA

CONTACT CHATTAHOOCHEE VALLEY, PO Box 5414, Columbus, 31906

UNITED WAY OF SOUTHWEST GEORGIA 2-1-1, PO Box 70429, Albany, 31708

UNITED WAY 2-1-1, Atlanta, 30303

UNITED WAY OF THE CSRA 2-1-1, PO Box 1724, Augusta, 30903

UNITED WAY OF NORTHWEST GEORGIA 2-1-1, 101 Selvidge Street, Dalton, 30722

UNITED WAY 2-1-1 OF CENTRAL GEORGIA, 2762 Watson Blvd., Warner Robins, 31093

UNITED WAY OF THE COASTAL EMPIRE 2-1-1, PO Box 2946, Savannah, 31402

2-1-1 OF SOUTH CENTRAL GEORGIA, PO Box 206, Valdosta, 31603

COMMUNITY CONNECTION OF NORTHEAST GEORGIA, 452 Prince Avenue, Athens, 30601

UNITED WAY OF HALL COUNTY 2-1-1, PO Box 2656, Gainesville, 30203

HAWAII (STATEWIDE)

ALOHA UNITED WAY 2-1-1, 200 North Vineyard Blvd., Suite 700, Honolulu, 96817

IDAHO (STATEWIDE)

2-1-1 IDAHO CARELINE, 1720 Westgate Drive, Suite A, Boise, 83704

INDIANA

LAFAYETTE CRISIS CENTER, 1244 North 15th Street, Lafayette, 47904

FIRST CALL FOR HELP – 2-1-1, 1531 13th, Columbus, 47201

LIFETIME 2-1-1, 13091 Benedict Drive, Dillsboro, 47018

FIRST CALL FOR HELP, 334 East Berry Street, Fort Wayne, 46802

UNITED WAY OF ELKHART COUNTY 2-1-1, 222 Middlebury Street, Elkhart, 46516

UNITED WAY OF HOWARD COUNTY INFORMATION & REFERRAL, 210 West Walnut, Suite 200, Kokomo, 46901

AREA 10 AGENCY ON AGING, 630 West Edgewood Drive, Ellettsville, 47429

LIFESTREAM 2-1-1, 1701 Pilgrim Blvd., Yorktown, 47396

NORTHWEST INDIANA COMMUNITY ACTION 2-1-1, 5518 Calumet Avenue, Hammond, 46320

VIGO COUNTY LIFELINE, PO Box 1017, Terre Haute, 47808

UNITED WAY OF ST. JOSEPH COUNTY 2-1-1, 3517 East Jefferson Blvd., South Bend, 46615-3033

UNITED WAY OF SOUTHWESTERN INDIANA 2-1-1, PO Box 18, Evansville, 47701-0018

CONNECT2HELP, Indianapolis, 46208

IOWA (STATEWIDE)

UNITED WAY 2-1-1, 1030 5th Avenue, Cedar Rapids, 52403

2-1-1/INFOLINK, 3247 East 35th St. Court, Davenport, 52807

UNITED WAY 2-1-1 OF CENTRAL IOWA, 2116 Grand Avenue, Des Moines, 50312

PROJECT CONCERN/DUBUQUE, 1789 Elm Street, Suite B, Dubuque, 52002

CENTER FOR SIOUXLAND, 715 Douglas Street, Sioux City, 51101

IOWA STATE UNIVERSITY EXTENSION/URBANDALE, 10861 Douglas Avenue, Suite B, Urbandale, 50322

KANSAS (STATEWIDE)

UNITED WAY 2-1-1 OF KANSAS, 245 North Water, Wichita, 67202

KENTUCKY

METRO UNITED WAY 2-1-1, 101 W. Muhammad Ali Blvd., Louisville, 40202

UNITED WAY 2-1-1, 2480 Fortune Drive, #250, Lexington, 40509

LOUISIANA (STATEWIDE)

UNITED WAY 2-1-1, 1201 Hudson Lane, Monroe, 71201

UNITED WAY 2-1-1 – BATON ROUGE, Baton Rouge, 70804

232-HELP/211, 439 Heymann Blvd., Lafayette, 70503

310INFO/211, 1023 Common Street, Lake Charles, 70601

VIA LINK/211, PO Box 15409, New Orleans, 70175

CENTERPOINT/211, 1002 Texas Avenue, Shreveport, 71101

MAINE (STATEWIDE)

2-1-1 MAINE, Inc., 400 Congress Street, Portland, 04101

MARYLAND

2-1-1 MARYLAND AT FIRST CALL FOR HELP, 100 South Charles Street, 5th Floor, Baltimore, 21203

2-1-1 MARYLAND AT LIFE CRISIS CENTER, INC., PO Box 387, Salisbury, 21803

2-1-1 MARYLAND AT MENTAL HEALTH ASSOCIATION OFFREDERICK COUNTY, 263 West Patrick Street, Frederick, 21701

2-1-1 MARYLAND AT COMMUNITY CRISIS SERVICES, INC., PO Box 149, Hyattsville, 20781

MASSACHUSETTS (STATEWIDE)

MASS 2-1-1, c/o United Way of Tri-County, 46 Park Street, Framingham, 01727

MICHIGAN

GRYPHON PLACE, 1104 South Westnedge, Kalamazoo, 49008

CENTRAL MICHIGAN 2-1-1, 1200 North West Avenue, Jackson, 49202

VOLUNTEER CENTER OF BATTLE CREEK, 34 West Jackson Street, Suite 4A,
Battle Creek, 49017

UNITED WAY REGIONAL CALL CENTER, 2305 Platt Road, Ann Arbor, 48104

UNITED WAY 2-1-1, 1212 Griswold Street, Detroit, 48226

HEART OF WEST MICHIGAN UNITED WAY'S 2-1-1, 118 Commerce Avenue,
Southwest, Grand Rapids, 49503

COMMUNITY ACCESS LINE OF THE LAKESHORE, 255 West Sherman Blvd.,
Muskegon, 49444

UPPER PENINSULA COMMISSION FOR AREA PROGRESS SERVICES, 2501
14th Avenue, South, Escanaba, 49829

MINNESOTA (STATEWIDE)

UNITED WAY 2-1-1, 424 West Superior Street, Suite 402, Duluth, 55802

FIRST CALL 2-1-1, 1211 Southeast 2nd Avenue, Grand Rapids, 55744

NORTHWEST 2-1-1, 120 East Washington Avenue, Fergus Falls, 56537

UNITED WAY 2-1-1, 108 East Fifth Street, Suite 211, Saint Paul, 55101

UNITED WAY 2-1-1, 2700 1st Street North, Suite 300, Saint Cloud, 56303

MISSISSIPPI (STATEWIDE)

2-1-1 MISSISSIPPI, 843 North President Street, Jackson, 39202

MISSOURI

UNITED WAY 2-1-1, 1080 Washington, Kansas City, 64105

NEBRASKA

2-1-1 NEBRASKA, 1805 Harney Street, Omaha, 68102

NEVADA (STATEWIDE)

NEVADA 2-1-1, 1660 E. Flamingo Road, Las Vegas, 89119

NEW JERSEY (STATEWIDE)

NJ 2-1-1 PARTNERSHIP/CONTACT OF BURLINGTON COUNTY, PO Box 333,
Moorestown, 08057

NJ 2-1-1 PARTNERSHIP/FIRST CALL FOR HELP, PO Box 1004, Williamstown,
08094

NJ 2-1-1 PARTNERSHIP/CONTACT OF OCEAN COUNTY'S 2-1-1, PO Box
1121, Toms River, 08754

NJ 2-1-1 PARTNERSHIP/NORWESCAP-2-1-1, 350 Marshall Street,
Phillipsburg, 08865

NJ 2-1-1 PARTNERSHIP/2-1-1 FIRST CALL FOR HELP, 4212 Beacon Avenue,
Merchantville, 08109

NJ 2-1-1 PARTNERSHIP/2-1-1 FIRST CALL FOR HELP, 299 Webro Road,
Parsippany, 07054

NJ 2-1-1 PARTNERSHIP/INFO LINE OF CENTRAL JERSEY, PO Box 159,
Milltown, 08850

**NJ 2-1-1 PARTNERSHIP/ATLANTIC COUNTY DIVISION OF
INTERGENERATIONAL SERVICES/2-1-1**, 10 South Shore Road, Northfield,
08225

NJ 2-1-1 PARTNERSHIP/HUNTERDON HELPLINE 2-1-1, PO Box 246,
Flemington, 08822

NEW MEXICO

UNITED WAY 2-1-1 INFORMATION & REFERRAL, 2340 Alamo Avenue
Southeast 2nd Fl., Albuquerque, 87106

HELPLINE, 203 W. Main Street, Farmington, 87401

UNITED WAY 2-1-1 REFERRAL HELPLINE, PO Box 1834, Hobbs, 88240

FAMILY RESOURCE AND REFERRAL, 704 South Sunset, Roswell, 88202

UNITED WAY 2-1-1 INFOLINE, PO Box 806, Clovis, 88101

2-1-1 SANTA FE, 440 Cerrillos Road, Suite A, Santa Fe, 87501

NEW YORK

2-1-1 FINGER LAKES REGION, One Mount Hope Avenue, Rochester, 14620

2-1-1 HUDSON VALLEY REGION, 336 Central Park Avenue, White Plains, 10606

NORTH CAROLINA

UNITED WAY 2-1-1, 1235 Hannover Square, Raleigh, 27601

UNITED WAY 2-1-1, 301 Billingsley Road, Charlotte, 28211

UNITED WAY'S 2-1-1 OF WNC, 50 South French Broad Avenue, Asheville, 28801

NORTH DAKOTA

NORTH DAKOTA 2-1-1, PO Box 4106, Bismarck, 58502

OHIO

FIRST CALL FOR HELP, 600 Freedom Drive, Napoleon, 43545

HELPLINK 2-1-1, 184 Salem Avenue, Dayton, 45406

FIRST CALL FOR HELP, 1936 Cooper Foster Park Road, Lorain, 44053

TRUMBULL 2-1-1, 320 High Street, NE, Warren, 44481

HELPLINE OF DELAWARE AND MORROW COUNTIES, 11 Franklin Street, Delaware, 43015

HELP HOTLINE CRISIS CENTER, PO Box 46, Youngstown, 44501

INFOLINE, 474 Grant Street, Akron, 44311

UNITED WAY 2-1-1, One Stranahan Square, Suite 160, Toledo, 43604

2-1-1 LAKE COUNTY, 9285 Progress Pky., Mentor, 44060

UNITED WAY 2-1-1 PORTAGE, 218 West Main Street, Ravenna, 44266

FIRSTLINK, 195 North Grant Avenue, Columbus, 43215

UNITED WAY'S 2-1-1/FIRST CALL FOR HELP, 1331 Euclid Avenue,
Cleveland, 44115

UNITED Way 2-1-1, 2400 Reading Road, Cincinnati, 45202

SCIOTO PAINT VALLEY MENTAL HEALTH CENTER, 4449 SR 159,
Chillicothe, 45601

I&R OF THE UNITED WAY OF GREATER STARK COUNTY, 4825 Higbee
Avenue, NW, Canton, 44718

MEDINA COUNTY 2-1-1/FIRST CALL FOR HELP,

2-1-1 ACQUIRE, Ashtabula, 44004

UNITED WAY'S INFORMATION & REFERRAL, 120 S. Center, 2nd Floor,
Springfield, 45502

BUTLER COUNTY 2-1-1, 110 South College Avenue, Oxford, 45056

OKLAHOMA

SOUTHEASTERN OKLAHOMA 2-1-1, PO Box 355, Ada, OK, 74820

SOUTHWEST OKLAHOMA 2-1-1, PO Box 66, Lawton, OK, 73502

FIRST CALL 2-1-1, PO Box 7800, Bartlesville, OK, 74005

HEARTLINE 2-1-1, PO Box 12832, Oklahoma City, OK, 73157

2-1-1 TULSA HELPLINE, PO Box 52847, Tulsa, OK, 74152

OREGON

2-1-1/INFO, 621 Southwest Alder, Suite 810, Portland, 97205

PUERTO RICO

2-1-1 DE PUERTO RICO, PO Box 191914, San Juan, 00919

RHODE ISLAND

UNITED WAY 2-1-1 IN RHODE ISLAND, 229 Waterman Street, Providence, 02906

SOUTH CAROLINA

UNITED WAY 2-1-1, PO Box 152, Columbia, 29202

AIKEN COUNTY HELPLINE, PO Box 2712, Aiken, 29802

2-1-1 HOTLINE, PO Box 63305, North Charleston, 29419

SOUTH DAKOTA

HELP!LINE CENTER, 1000 West Avenue, North, Sioux Falls, 57104

TEXAS (STATEWIDE)

2-1-1 TEXAS – TEXOMA REGION, 1117 Gallagher Drive, Suite 210, Sherman, 75090

2-1-1 TEXAS – NORTHEAST TEXAS REGION, PO Box 214, Sulphur Springs, 75483

2-1-1 TEXAS – EAST TEXAS INFORMATION & REFERRAL, 4000 Southpark Drive, Tyler, 75703

2-1-1 TEXAS – GOLDEN CRESCENT AREA INFORMATION CENTER, 568 Big Bend Drive, Victoria, 77904

2-1-1 TEXAS – HEART OF TEXAS REGION, 100 North 6th Street, Suite 700, Waco, 76701

2-1-1 TEXAS – TIP OF TEXAS REGION, PO Box 182, Weslaco, 78599

2-1-1 TEXAS – ALAMO REGION UNITED WAY HELPLINE, PO Box 898, San Antonio, 78293

2-1-1 TEXAS – GULF COAST REGION, PO Box 3247, Houston, 77253

2-1-1 TEXAS – SOUTH PLAINS REGION, 1323 58th Street, Lubbock, 79452

2-1-1 TEXAS – NORTH TEXAS AREA UNITED WAY, PO Box 660, Wichita Falls, 76307

2-1-1 TEXAS - UNITED WAY OF THE COASTAL BEND, 711 N. Carancahua Street, Suite, 302, Corpus Christi, 78469

2-1-1 TEXAS – A CALL FOR HELP, PO Box 82, Abilene, 79604

2-1-1 TEXAS – UNITED WAY OF AMARILLO & CANYON'S 2-1-1, 200 South Tyler, Amarillo, 79101

2-1-1 TEXAS – SOUTH CENTRAL, 2000 East MLK Jr. Blvd., Austin, 78702

2-1-1 TEXAS – SOUTHEAST, 2210 Eastex Freeway, Beaumont, 77703

2-1-1 TEXAS – CENTRAL REGION, 302 East Central Avenue, Belton, 76513

2-1-1 TEXAS – SOUTH REGION, 1815 East Hillside Road, Laredo, 78041

2-1-1 TEXAS – MIDDLE RIO GRANDE REGION, 307 West Nopal Street, Carrizo Springs, 78834

2-1-1 TEXAS – CONCHO VALLEY AREA AGENCY ON AGING, 4850 Knickerbocker Road, San Angelo, 76906

2-1-1 TEXAS – NORTH CENTRAL DALLAS REGION, 1349 Empire Central, Suite 400, Dallas, 75247

2-1-1 TEXAS – RIO GRANDE REGION, 5115 El Paso Drive, El Paso, 79905

2-1-1 TEXAS – UNITED WAY OF TARRANT COUNTY, 401 W. Sanford Street, Suite 2600, Arlington, 76011

2-1-1 TEXAS – DEEP EAST TEXAS AREA REGION AREA INFORMATION CENTER, 210 Premier Drive, Jasper, 75951

2-1-1 TEXAS – PERMIAN BASIN, PO Box 5124, Midland, 79704

2-1-1 TEXAS – UNITED WAY OF THE BRAZOS VALLEY, PO Box 10883, College Station, 77842

TENNESSEE (STATEWIDE)

KINGSPORT 2-1-1, PO Box 3336, Kingsport, 37664

LINC/2-1-1, 3030 Poplar Avenue, Memphis, 38111

MIDDLE AND EAST TENNESSEE 2-1-1, 201 23rd Avenue North, Nashville, 37203

WEST TENNESSEE 2-1-1, 1341 N. Highland Avenue, Jackson, 38302

CLARKSVILLE 2-1-1, Clarksville, 37040

TULLAHOMA 2-1-1, PO Box 1614, Tullahoma, 37388

CHATTANOOGA 2-1-1, PO Box 4070, Chattanooga, 37405

JOHNSON CITY 2-1-1, PO Box 1403, Johnson City, 37605

UTAH (STATEWIDE)

UNITED WAY 2-1-1 OF UTAH COUNTY, PO Box 135, Provo, 84603

2-1-1 INFO BANK, 1025 South 700 West, Salt Lake City, 84104

VERMONT (STATEWIDE)

VERMONT 2-1-1, 412 Farrell Street, South Burlington, 05403

VIRGINIA

2-1-1 VIRGINIA - UNITED WAY OF CENTRAL VIRGINIA, 1010 Miller Park Square, Lynchburg, 24501

COUNCIL OF COMMUNITY SERVICES, 502 Campbell Avenue, Roanoke, 24016

UNITED WAY OF GREATER RICHMOND AND PETERSBURG, 2001 Maywill Street, Richmond, 23230

CRISIS LINE/PLANNING COUNCIL – INFORMATION AND REFERRAL, 130 West Plume Street, Norfolk, 23510

FAMILY RESOURCE AND REFERRAL CENTER, 934 North Augusta Street,
Staunton, 24401

WASHINGTON (STATEWIDE)

WIN2-1-1 – NORTH SOUND 2-1-1, 2802 Broadway, Everett, 98201

WIN2-1-1 – KING COUNTY 2-1-1, 1515 Dexter Avenue North, Seattle, 98109

WIN2-1-1 – PIERCE COUNTY 2-1-1, 1501 Pacific Avenue, 4th Fl., Tacoma, 98402

WIN2-1-1 – WESTERN COUNTIES 2-1-1, 3857 Martin Way E, Olympia, 98506

WIN2-1-1 – GREATER COLUMBIA 2-1-1, 304 W. Lincoln Avenue, Yakima, 98902

WIN2-1-1 – PENINSULAS 2-1-1, Bremerton, 98310

WIN2-1-1 – EASTERN WASHINGTON 2-1-1, 107 Division, Spokane, 99202

WISCONSIN (STATEWIDE)

2-1-1 RACINE, 1030 Washington Avenue, Racine, 53403

2-1-1 @ IMPACT, PO Box 14083, Milwaukee, 53214

GREAT RIVERS 2-1-1, PO Box 426, Onalaska, 54650

UNITED WAY 2-1-1, PO Box 7548, Madison, 53707

UNITED WAY'S 2-1-1, 351 Oak Street, Wisconsin Rapids, 54494

2-1-1/FIRST CALL FOR HELP, South 22 West 22660 Broadway, Suite 5-S, Waukesha, 53186

FAMILY RESOURCE CONNECTION INFORMATION & REFERRAL, 1020 Kabel Avenue, Rhinelander, 54501

BROWN COUNTY UNITED WAY 2-1-1, 1825 Riverside Drive, Green Bay, 54305

UNITED WAY'S 2-1-1, 137 River Drive, Wausau, 54403

2-1-1 INFO LINK NORTHEAST WISCONSIN REGION, 1812 Hall Avenue, Marinette, 54143

UNITED WAY FOX CITIES 2-1-1, 1820 Appleton Road, Menasha, 54952

WEST VIRGINIA (STATEWIDE)

WV2-1-1, 112 Adams Street, Room 205, Fairmont, WV, 26554

ATTACHMENT TWO

2-1-1 Call Center Status by County: 2007

2-1-1 Call Center Location

2-1-1 Center Status

Active

Projected by 12/31/2008

Planning Phase

Map Prepared by the
Community Results Center
United Way of Connecticut



Data Source: United Way of America
Map Data Source: ESRI 2006

State	Total Population (2005)	Active	Projected by 12/31/2008	Planning Phase	Active	Projected by 12/31/2008	Planning Phase	Active and Projected by 12/31/2008
Alabama	4,557,808	2,852,866	-	1,704,942	63%	0%	37%	63%
Alaska	664,515	664,515	-	-	100%	0%	0%	100%
Arizona	5,939,292	-	-	5,939,292	0%	0%	100%	0%
Arkansas	2,795,121	-	2,795,121	-	0%	100%	0%	100%
California	36,132,147	22,802,256	5,406,441	7,923,450	63%	15%	22%	78%
Colorado	4,665,177	3,985,985	677,365	1,827	85%	15%	0%	100%
Connecticut	3,510,297	3,510,297	-	-	100%	0%	0%	100%
Delaware	843,524	-	843,524	-	0%	100%	0%	100%
District of Columbia	550,521	550,521	-	-	100%	0%	0%	100%
Florida	17,789,864	15,797,564	-	1,992,300	89%	0%	11%	89%
Georgia	9,072,576	7,026,563	-	2,046,013	77%	0%	23%	77%
Hawaii	1,275,194	1,275,194	-	-	100%	0%	0%	100%
Idaho	1,429,096	1,429,096	-	-	100%	0%	0%	100%
Illinois	12,763,371	-	-	12,763,371	0%	0%	100%	0%
Indiana	6,271,973	4,321,494	-	1,950,479	69%	0%	31%	69%
Iowa	2,966,334	2,966,334	-	-	100%	0%	0%	100%
Kansas	2,744,687	2,744,687	-	-	100%	0%	0%	100%
Kentucky	4,173,405	446,065	-	3,727,340	11%	0%	89%	11%
Louisiana	4,523,628	4,523,628	-	-	100%	0%	0%	100%
Maine	1,321,505	1,321,505	-	-	100%	0%	0%	100%
Maryland	5,600,388	3,893,377	-	1,707,011	70%	0%	30%	70%
Massachusetts	6,398,743	-	-	6,398,743	0%	0%	100%	0%
Michigan	10,120,860	7,171,271	-	2,949,589	71%	0%	29%	71%
Minnesota	5,132,799	5,132,799	-	-	100%	0%	0%	100%
Mississippi	2,921,088	2,921,088	-	-	100%	0%	0%	100%
Missouri	5,803,998	1,396,314	4,407,684	-	24%	76%	0%	100%
Montana	935,670	144,040	-	791,630	15%	0%	85%	15%
Nebraska	1,758,787	1,400,473	358,314	-	80%	20%	0%	100%
Nevada	2,414,807	2,414,807	-	-	100%	0%	0%	100%
New Hampshire	1,309,940	-	1,309,940	-	0%	100%	0%	100%
New Jersey	8,717,925	8,717,925	-	-	100%	0%	0%	100%
New Mexico	1,928,384	1,373,026	-	555,358	71%	0%	29%	71%
New York	19,301,527	5,025,217	10,951,261	3,325,049	26%	57%	17%	83%
North Carolina	8,683,242	3,817,275	-	4,865,967	44%	0%	56%	44%
North Dakota	636,677	636,677	-	-	100%	0%	0%	100%
Ohio	11,464,042	8,713,093	-	2,750,949	76%	0%	24%	76%
Oklahoma	3,547,884	2,961,274	-	586,610	83%	0%	17%	83%
Oregon	3,641,056	1,541,170	-	2,099,886	42%	0%	58%	42%
Pennsylvania	12,429,616	-	12,429,616	-	0%	100%	0%	100%
Puerto Rico	3,834,039	3,834,039	-	-	100%	0%	0%	100%
Rhode Island	1,076,189	1,076,189	1,076,189	-	100%	100%	0%	200%
South Carolina	4,255,083	1,396,827	-	2,858,256	33%	0%	67%	33%
South Dakota	775,933	193,468	-	582,465	25%	0%	75%	25%
Tennessee	5,962,959	5,962,959	-	-	100%	0%	0%	100%
Texas	22,859,968	22,859,968	-	-	100%	0%	0%	100%
Utah	2,469,585	2,469,585	-	-	100%	0%	0%	100%
Vermont	623,050	623,050	-	-	100%	0%	0%	100%
Virginia	7,759,363	5,729,054	2,030,309	-	74%	26%	0%	100%
Washington	6,287,759	6,287,759	-	-	100%	0%	0%	100%
West Virginia	1,816,856	1,816,856	-	-	100%	0%	0%	100%
Wisconsin	5,536,201	5,536,201	-	-	100%	0%	0%	100%
Wyoming	509,294	-	-	509,294	0%	0%	100%	0%
Total	300,503,747	192,675,695	39,798,231	68,029,821	64%	13%	23%	77%

ATTACHMENT THREE

2-1-1 Calls in 2006

Survey Conducted by the Alliance of Information and Referral Systems (AIRS)

Total Calls Per State	2-1-1 Calls in 2006	
Alabama	16,779	
California	619,340	
Colorado	153,906	
Connecticut	354,000	
DC	51,795	
Florida	766,090	
Georgia	456,524	
Hawaii	45,000	
Iowa	101,613	
Idaho	164,643	
Indiana	232,794	
Kansas	21,255	
Kentucky	17,859	
Louisiana	346,078	
Massachusetts	34,000	
Maine	17,376	
Michigan	267,917	
Minnesota	460,329	
Missouri	59,912	
Mississippi	17,793	
Montana	5,680	
North Carolina	91,120	
North Dakota	6,300	
Nebraska	53,048	
New Jersey	165,000	
New Mexico	13,698	
Nevada	53,815	
New York	43,467	
Ohio	643,686	
Oklahoma	136,990	
Oregon	26,679	
Puerto Rico	22,132	
South Carolina	74,957	
South Dakota	42,000	
Tennessee	148,028	
Texas	1,287,603	
Utah	93,316	
Virginia	81,522	
Vermont	8,346	
Washington	164,204	
Wisconsin	327,305	
West Virginia	96,193	
USA Total	7,781,746	

ABCalgary	47,600	
ABEdmonton	35,000	
Alberta Total	82,600	
ONCollingwood	13,507	
ONNiagara Falls	39,725	
ONToronto	373,188	
Ontario Total	426,420	
Canada Total	509,020	
North American Total	8,290,766	

ATTACHMENT FOUR

In the Words of Leaders: Endorsements of 2-1-1*

Senator Hillary Rodham Clinton (NY): “This, to me, is a truly unique American partnership. Let’s give people answers, cut through the red tape, be there for each other and, most important, be prepared in the event of natural or man-made disasters.”

Senator Elizabeth Dole (NC): “Installing 2-1-1 nationally would provide...a well organized service where anyone offering volunteer assistance or in need of community services can turn, where they will find the answers they need.”

U.S. Congresswoman Anna Eshoo (CA-14): “We know that life is not tidy. No matter what area of the country you live in, no matter what your economic background is, things happen in life. I want every citizen in the country to be connected to this.”

U.S. Congressman Rick Larsen (WA-2): “When you call 2-1-1, hope answers.”

Connecticut Governor Jodie Rell: “Infoline 2-1-1 Connecticut was a great idea conceived at the community level by United Ways and fully supported by state government. In fact, in 1999, Connecticut became the first state to use 2-1-1 for health and human services information campaigns where a recognizable toll-free number is needed. We are proud to partner with the United Way of Connecticut and local United Ways in offering this service.”

Senator Olympia Snowe (ME): “As we were originally considering this vital service in Maine, I remembered the testimony from the year 2000 of citizens who were often confused and frustrated trying to find their way through the myriad of health and human services available, especially during troubling times. Now, after so many years of outstanding success and tangible results, I am more convinced than ever before that 2-1-1 is a helping hand which Maine and its strong communities are fortunate to have embraced.”

*All quotes are from “2-1-1: Celebrating Ten Years That Transformed Access to Human Services,” published in May 2007 to celebrate the tenth anniversary of Metropolitan Atlanta’s 2-1-1 system launch.

ORGANIZATIONAL ENDORSEMENTS OF 2-1-1

"We, the undersigned, endorse nationwide coverage of the three-digit telephone number 2-1-1. We endorse 2-1-1 as a public/private partnership, and call for federal, state, local, non-profit, foundation and business investment to bring 2-1-1 to every American, so that every American will have access to community, volunteer, health and human service information and referral, both everyday and in times of crisis preparedness and response."

To sign on, please email Jenn Novesky at jenn.novesky@uwa.unitedway.org with your organization's name, city and state.

3047 National, State and Local Endorsements

National Organizations and Corporations Endorsing 2-1-1:

Alliance for Children & Families	National Association for the Education of Young Children
Alliance of Information and Referral Systems (AIRS)	National Assembly of Health & Human Service Organizations
American Association of Suicidology	National Association of Child Care Resource and Referral Agencies
American Federation of Teachers	National Association of Social Workers
American Red Cross	National Association of State Directors of Developmental Disabilities Services
America's Promise	National Association of State Units on Aging
The Arc of the United States	National Council on the Aging
Association of Jewish Agency Services of North America	National Emergency Number Association
Association of Jewish Family & Children's Agencies	National Information Center for Children & Youth with Disabilities
Boy Scouts of America	National Low Income Housing Coalition
Camp Fire USA	National PTA
Children's Defense Fund	One Economy Corporation
Child Welfare League of America	Points of Light Foundation
CONTACT USA	Prevent Child Abuse America
Council on Foundations	RadioShack
Easter Seals	Salvation Army
FMC Technologies, Inc.	United Cerebral Palsy
Generations United	United Jewish Communities
Girls Incorporated	United Neighborhood Centers of America
Goodwill Industries International	United Way of America
International Association of Jewish Vocational Services	Volunteers of America
JCPenney	Wal-Mart
Joint Action in Community Services	YMCA of the USA
Kristin Brooks Hope Center	
Lutheran Services in America	

State and Local Organizations Endorsing 2-1-1:

ALABAMA

American Red Cross, Alabama Gulf Coast Chapter (Mobile)
Arc of Shelby County (Pelham)
Brewer-Porch Children's Center (Tuscaloosa)
Chemical Addictions Program, Inc. (Montgomery)
Community Action Partnership of N. Alabama, Inc. (Decatur)
Covenant Services, Inc. (Anniston)
Crisis Services of North Alabama (Huntsville)
Crittenton Youth Services, Inc. (Mobile)
East Coast Migrant Head Start Project, Chandler Mountain Center (Steele)
Elmore/Autauga Community Action Committee (Wetumpka)
Epilepsy Foundation of South Alabama (Mobile)
Family Guidance Center of Alabama
Family Promise of Montgomery, Inc. (Montgomery)
Family Services Center (Huntsville)
Family Services Center of Calhoun County, Inc. (Anniston)
Family Sunshine Center (Montgomery)
Gift of Life Foundation (Montgomery)
Girl Scouts of North Alabama, Inc. (Huntsville)
Girl Scouts of South Central Alabama, Inc. (Montgomery)
Happy Hollow Children's Camp, Inc. (Nashville)
Homeless Coalition (Mobile)
Homeless Coalition of Northeast Alabama (Gadsden)
Huntsville Rehab (Huntsville)
Interfaith Ministries, Inc. (Anniston)
Lighthouse Counseling Center, Inc. (Montgomery)
Mobile Bar Association Volunteer Lawyers Program (Mobile)
National Children's Advocacy Center (Huntsville)
Renaissance, Inc. (Montgomery)
River Region United Way (Montgomery)
Senior Citizens Services, Inc. (Mobile)
South Alabama CARES (Mobile)
South Baldwin County United Way (Foley)
State of Alabama Department of Human Resources (Montgomery)
The Volunteer & Information Center, Inc.
Thirteenth Place, Inc., Youth & Family Services (Gadsden)
United Way of Athens and Limestone County (Athens)
United Way of Central Alabama, Inc. (Birmingham)
United Way of Etowah County (Gadsden)
United Way of Lee County, Inc. (Auburn)
United Way of Marshall County (Guntersville)

United Way of Morgan County (Decatur)
United Way of Northwest Alabama (Florence)
United Way of Southwest Alabama, Inc. (Mobile)
United Ways of Alabama (Montgomery)
Volunteer Mobile, Inc. (Mobile)
Wilmer Hall Children's Home (Mobile)

ALASKA

Child Care Connection, Inc. (Anchorage)
Shiloh Community Development Incorporated (Anchorage)
United Way of Anchorage (Anchorage)

ARIZONA

Arizona Department of Economic Security (Phoenix)
Arizona Department of Health Services (Phoenix)
Arizona Health Care Cost Containment System (Phoenix)
Childhelp National Child Abuse Hotline (800-4-A-CHILD) (Scottsdale)
DNA Services of America (Phoenix)
St. Elizabeth of Hungary Clinic (Tucson)
United Way of Northern Arizona (Flagstaff)

ARKANSAS

Arkansas Prostate Cancer Foundation (Little Rock)
Bess Chisum Stephens YWCA (Little Rock)
Bethlehem House, Inc. (Conway)
Big Brothers Big Sisters of Central Arkansas (North Little Rock)
Big Brothers Big Sisters of North Central (Conway)
Boys and Girls Club of Sequoyah County (Sallisaw)
Boys Shelter (Fort Smith)
Community Dental Clinic (Fort Smith)
Community Services Clearinghouse (Fort Smith)
Conway Interfaith Clinic, Inc. (Conway)
Crisis Center for Women (Fort Smith)
Faulkner County Chapter of the American Red Cross (Conway)
Faulkner County Day School, Inc. (Conway)
Faulkner County Literacy Council, In. (Conway)
Fort Smith Boys and Girls Club (Fort Smith)
Gateway House (Fort Smith)
Girl Scout Council of Mount Magazine Area (Fort Smith)
Heart of Arkansas United Way (Little Rock)
Helping Hand of Greater Little Rock (Little Rock)
Literacy Action of Central Arkansas (Little Rock)

North Hills Services, Inc. (Sherwood)
Northwest Arkansas Rape Crisis, Inc. (Springdale)
Paris Boys and Girls Club (Paris)
Project Compassion (Fort Smith)
SCAT, Inc. (Little Rock)
St. Francis House, Inc. (Little Rock)
The American Red Cross of Greater Arkansas (Little Rock)
The First Tee of Central Arkansas (Little Rock)
United Way of Benton County (Bentonville)
United Way of Faulkner County (Conway)
United Way of Fort Smith Area (Fort Smith)
United Way of Southeast Arkansas (Pine Smith)
United Way of Washington County (Springdale)
United Way of White County (Searcy)
Western Arkansas Planning and Development Council, Inc. (Fort Smith)
Western Arkansas Service Center of the Greater Arkansas Chapter (Fort Smith)
Women's Shelter of Central Arkansas, Inc. (Conway)
Youth Bridge, Inc. (Fayetteville)

CALIFORNIA

2-1-1/Helpline (Santa Barbara)
211 LA County (San Gabriel)
2-1-1 Orange County (Costa Mesa)
2-1-1 San Diego (San Diego)
AbilityFirst (Pasadena)
Activities for Retarded Children (North Hollywood)
AFL-CIO Labor Community Services (Los Angeles)
All People's Christian Center (Los Angeles)
Allen Temple Housing and Economic Development Corporation (Oakland)
Alliance for a Better Community (Los Angeles)
Alpert Jewish Community Center (Alpert)
Alpha of San Diego, Inc. (San Diego)
Alternative Living for the Aging (West Hollywood)
American Red Cross)lo Alto (Palo Alto)
American Red Cross, Greater Los Angeles Chapter (Los Angeles)
American Red Cross, Kern Chapter (Bakersfield)
American Red Cross, San Luis Obispo County Chapter
American Red Cross, Santa Cruz County Chapter (Santa Cruz)
American Red Cross, Stanislaus County Chapter
Antelope Valley Council on Alcoholism & Drug Dependency (Lancaster)
Antelope Valley Domestic Violence Council (Lancaster)
Area Board 13/State Council on Developmental Disabilities (San Diego)

Asian American Drug Abuse Program (Los Angeles)
Asian Youth Center (San Gabriel)
Assistance League of So. California Learning Center (Los Angeles)
Assistance League of Southern California Family Services (Los Angeles)
Aviva Family and Children's Services (Los Angeles)
Basic Adult Spanish Education (BASE) (Canoga Park)
Bet Tzedek Legal Services (Los Angeles)
Big Brothers Big Sisters of San Luis Obispo County (San Luis Obispo)
Boy Scouts of America, Long Beach Area Council (Long Beach)
Boys & Girls Club Long Beach (Long Beach)
Boys & Girls Club of Palm Springs (Palm Springs)
Boys & Girls Club of Pasadena (Pasadena)
Boys & Girls Club of Venice (Venice)
Boys & Girls Clubs of Garden Grove (Garden Grove)
Boys and Girls Club Long Beach (Long Beach)
Boys and Girls Club of East Los Angeles (Los Angeles)
Boys and Girls Club of Hollywood (Hollywood)
Boys and Girls Club of Pasadena (Pasadena)
Boys and Girls Club of Santa Clarita Valley (Santa Monica)
Boys and Girls Club, East Los Angeles (Los Angeles)
Burbank Center for the Retarded (Burbank)
Campfire USA Long Beach Area Council (Long Beach)
Campfire USA of Greater Compton (Compton)
Capistrano Unified School District (San Juan Capistrano)
Catholic Charities of Los Angeles, Inc. (Los Angeles)
Child Abuse Prevention Center (Orange)
Child and Family Center (Santa Clarita)
Child and Family Guidance Center (Northridge)
Child Care Information Service (Pasadena)
ChildNet Youth and Family Services (Long Beach)
Children's Bureau of Southern California (Los Angeles)
Children's Center of the Antelope Valley (Lancaster)
Children's Institute, Inc. (Los Angeles)
City of Cupertino (Cupertino)
City of Huntington Park (Huntington Park)
City of Poway (Poway)
City of San Diego (San Diego)
Constitutional Rights Foundation (Los Angeles)
Contra Costa Crisis Center (Walnut Creek)
County of Orange Office on Aging (Santa Ana)
County of Santa Clara (San Jose)
Crime Survivors, Inc. (Irvine)

Customer Assistance Outreach Manager (San Diego)
Davis Street Family Resource Center (San Leandro)
Del Mar Community Connections (Del Mar)
Desert Communities United Way (Victorville)
Didi Hirsch Community Mental Health Center (Culver City)
Diginified Living Choices, Inc. (San Diego)
Disabled Resource Center (Long Beach)
Donnelly Associates (Bonita)
Dr. J. Alfred Smith Senior Training Academy (Oakland)
DRAIL (Modesto)
East Valley Boys and Girls Club (Baldwin Park)
Eastmont Community Center (Los Angeles)
Economic Roundtable (Los Angeles)
Eden I&R, Inc. (Hayward)
El Calvario Community Center (El Monte)
El Centro de Accion Social (Pasadena)
El Centro de Amistad (Canoga Park)
El Monte/South El Monte Emergency Resources Association (El Monte)
El Nido Family Centers (Mission Hills)
El Rescate (Los Angeles)
Esperanza Youth & Family Center, Inc. (Coachella)
Etheridge Consulting (Long Beach)
EyeCare America (San Francisco)
Families In New Directions/Crenshaw Consortium (Los Angeles)
Family and Children Services (San Jose)
Family Counseling Services of West San Gabriel Valley (El Monte)
Family Service (Long Beach)
Family Service Agency of Burbank (Burbank)
Family Services of The Desert (Indio)
First 5 Santa Clara County (San Jose)
Five Acres—the Boys' and Girls' Aid Society of L.A. County (Atladena)
Foothill Family Service (Pasadena)
For the Child (Long Beach)
Friends of Jackie Robinson Park (Littlerock)
Girl Scouts, Joshua Tree Council (Bakersfield)
Girl Scouts, Mt. Wilson Vista Council (Arcadia)
Girls Scouts, San Fernando Valley (Chatsworth)
Good Shepherd Shelter (Los Angeles)
Greater Los Angeles Agency on Deafness (Los Angeles)
Greater San Diego Business Association (San Diego)
Hathaway-Sycamores Child and Family Services (Pasadena)
HelpCentral.org—Butte County Information & Referral (Chico)

Helpline Youth Counseling (Norwalk)
Hollenbeck Police Business Council/Youth Center (Los Angeles)
Hospital Association of San Diego and Imperial Counties (San Diego)
Hotline of San Luis Obispo County (San Luis Obispo)
Housing Authority of the County of Stanislaus (Modesto)
Human Services Association & Tri-City (Bell Gardens)
I&R Network Committee (San Diego)
Inland Empire United Way (Rancho Cucumonga)
Intercommunity Child Guidance Center (Los Angeles)
International Institute (Los Angeles)
Jenesse Center, Inc. (Los Angeles)
Jewish Big Brothers and Big Sisters of Los Angeles (Los Angeles)
Jewish Family Service of Los Angeles (Los Angeles)
Jewish Free Loan Association (Los Angeles)
Jewish Vocational Service (Los Angeles)
Joint Venture Silicon Valley (San Jose)
Kern Child Abuse Prevention Council/Haven Counseling Center (Bakersfield)
Koreatown Youth & Community Center (Los Angeles)
L.A. Area Chamber (Los Angeles)
L.A. CADA (Santa Fe Springs)
L.A. Gay and Lesbian Center (Los Angeles)
La Casa de San Gabriel Community Center (San Gabriel)
La Vista Wholeness and Recovery Center (San Jacinto)
Lean On Me Organization (Sacramento)
Legal Aid Foundation (Los Angeles)
Literacy Network (Los Angeles)
Long Beach Community Improvement League (Long Beach)
Los Angeles Boys & Girls Club (Los Angeles)
Los Angeles Coalition to End Hunger & Homelessness (Los Angeles)
Los Angeles Commission on Assaults Against Women (Los Angeles)
Los Angeles Free Clinic (Los Angeles)
Los Angeles Girl Scout Council (Santa Monica)
Los Angeles Tenth District PTA/PTSA (Los Angeles)
Los Angeles Urban League (Los Angeles)
Lutheran Social Services of Southern California (Fullerton)
MAAC Project (San Diego)
Maravilla Foundation (City of Commerce)
Maravilla Foundation (Commerce)
MERCI (Monterey Park)
Mexican American Opportunity Foundation (Montebello)
NAMI San Diego (San Diego)
National Mental Health Association of Greater L.A. (Long Beach)

Neighborhood Youth Association (Venice)
Options (West Covina)
Orange County One-Stop Center (Westminster)
Orange County United Way (Orange County)
P.F. Bresee Foundation (Los Angeles)
PAARC (San Jose)
Pacific Asian Counseling Services (Los Angeles)
Pacific Clinics (Arcadia)
Palo Alto Red Cross (Palo Alto)
Partners In Care Foundation (San Fernando)
Pasadena Mental Health Center (Pasadena)
People Coordinated Services of Southern California, Inc. (Los Angeles)
Plaza Community Center (Los Angeles)
Portals (Los Angeles)
Positive Alternatives for Youth (Panorama City)
PTSA 31st District (Van Nuys)
RE/MAX Grand Central (Tarzana)
Reach Out (San Diego)
Richstone Family Center (Hawthorne)
Rio Hondo Boys and Girls Club (Bell Gardens)
Rosemary Children's Services (Pasadena)
Samuel Dixon Family Health Center, Inc. (Val Verde)
San Diego Gas & Electric Company (San Diego)
San Fernando Valley Interfaith Council (Chatsworth)
San Gabriel Valley YMCA (Covina)
Santa Anita Family Service (Monrovia)
Santa Barbara's United Way (Santa Barbara)
Scripps Health (San Diego)
Search to Involve Pilipino Americans (Los Angeles)
Senior Serve (Bakersfield)
Sharp HealthCare (San Diego)
Shelter From The Storm (Palm Desert)
Shields for Families, Inc. (Los Angeles)
Society of St. Vincent de Paul, Los Angeles Council (Los Angeles)
South Bay Children's Health Center (Redondo Beach)
Southern California Alcohol and Drug Programs, Inc. (Downey)
Special Service for Groups (Los Angeles)
Spiritt Family Services (Whittier)
St. Anne's (Los Angeles)
St. Barnabas Senior Services (Los Angeles)
St. Joseph Center (Venice)
Stanislaus County Aging & Veterans Services (Modesto)

Stanislaus County Community Services Agency (Modesto)
Su Casa Domestic Abuse Network (Long Beach)
The Children's Clinic (Long Beach)
The Gifted Children's Association (Valley Glen)
The Guidance Center (Long Beach)
The H.E.L.P. Group (Sherman Oaks)
The Humboldt Community Switchboard (Humbolt)
The Trevor Project (West Hollywood)
Toberman Settlement House, Inc. (San Pedro)
Travelers Aid Society of Los Angeles (Los Angeles)
United Cambodian Community (Long Beach)
United Way Monterey County (Monterey)
United Way of Butte & Glenn Counties (Chico)
United Way of Greater Los Angeles (Los Angeles)
United Way of Kern County (Bakersfield)
United Way of Merced County (Merced)
United Way of Nevada County, California (Grass Valley)
United Way of Santa Cruz County (Capitola)
United Way of Stanislaus (Modesto)
United Way of the Bay Area (San Francisco)
United Way of the Desert (Palm Springs)
United Way of Ventura County
United Way Silicon Valley (San Jose)
United Ways of California (San Jose)
Urban Education Partnership (Los Angeles)
Valley Family Center (San Fernando)
Varian Medical Systems (Palo Alto)
Variety Boys & Girls Club (Los Angeles)
Venice Family Clinic (Venice)
Verdugo Mental Health (Glendale)
Vista Del Mar Child & Family Services (Los Angeles)
Volunteer Center of Los Angeles - ALSC (Panorama City)
Volunteer Center of Riverside County (Riverside)
Volunteer Center—South Bay—Harbor—Long Beach (Torrance)
Volunteer San Diego (San Diego)
Volunteers of America of Los Angeles (Los Angeles)
Wardrobes (Fountain Valley)
Westside Jewish Community Center (Los Angeles)
Women's and Children's Crisis Shelter (Whittier)
Woodcraft Rangers (Los Angeles)
YMCA Cresenta/Canada (La Canada)
YMCA of Greater Long Beach (Long Beach)

YWCA of Glendale (Glendale)
YWCA of Greater Los Angeles (Los Angeles)
YWCA of Silicon Valley (San Jose)
YWCA of the Harbor and South Bay (San Pedro)
YWCA Pasadena—Foothill Valley (Pasadena)

COLORADO

A Kid's Place (Greeley)
Advocates for Children (Aurora)
American Red Cross Mile High Chapter (Denver)
American Red Cross Pikes Peak Chapter (Colorado Springs)
Arc of Adams County (Northglenn)
B.A.S.E. Camp, Inc. (Fort Collins)
Big Brothers Big Sisters of Colorado (Denver)
Boys and Girls Clubs of Larimer County (Fort Collins)
Boys and Girls Clubs of Weld County (Greeley)
Care & Share (Colorado Springs)
Care-A-Van / SAINT, Inc. (Fort Collins)
Catholic Charities in Greeley (Greeley)
Catholic Charities of Colorado Springs (Colorado Springs)
Center for Hearing, Speech, and Language (Denver)
Child Advocacy Resource & Education (Evans)
Colorado Coalition Against Domestic Violence (Denver)
Colorado Coalition for the Homeless (Denver)
Colorado I Have A Dream Foundation (Denver)
Colorado Springs Independence Center (Colorado Springs)
Colorado Veterans Resource Coalition (Colorado Springs)
Commerce City Community Health Services (Commerce City)
Community Partnership for Child Development (Colorado Springs)
Council on Substance Abuse and Mental Health (Denver)
Crossroads Safehouse (Fort Collins)
Disability Services Inc. (Colorado Springs)
Disability Services Inc./Amblicab (Colorado Springs)
Ecumenical Social Ministries (Colorado Springs)
Education & Life Training Center (Fort Collins)
El Paso County Command of The Salvation Army (Colorado Springs)
Eldergarden Adult Day Program (Greeley)
Estes Valley Restorative Justice Partnership (Estes Park)
Estes Valley Victim Advocates, Inc. (Estes Park)
Faith Community Service Fund (Greeley)
Faith Partners (Colorado Springs)
First Choice Services (Colorado Springs)

Food Bank of the Rockies (Denver)
Foothills United Way (Boulder)
Girl Scouts- Mountain Prairie Council (Fort Collins)
Gloria Christi Lutheran Church and Preschool/Daycare (Greeley)
Greccio Housing (Colorado Springs)
Greeley Transitional House (Greeley)
Greeley-Evans School District 6 (Greeley)
Hospice and Palliative Care of Northern Colorado, Inc. (Greeley)
House of Neighborly Service (Loveland)
Interfaith Hospitality Network of Colorado Springs (Colorado Springs)
Island Grove Regional Treatment Center, Inc. (Greeley)
Jewish Family Service of Colorado (Denver)
Juvenile Assessment Center (Greeley)
Karis Community (Denver)
Kids in Need of Dentistry (KIND) (Denver)
Larimer Center for Mental Health (Loveland)
Larimer County Child Advocacy Center, Inc. (Fort Collins)
Loveland Counseling Connections (Loveland)
Mental Health Association El Paso County (Colorado Springs)
Mental Health Association of Colorado (Denver)
Mi Casa Resource Center for Women, Inc. (Denver)
Mile High Montessori Early Learning Centers (Denver)
Mile High United Way (Denver)
Multiple Sclerosis Alliance of Southern Colorado (Colorado Springs)
National Foundation of Dentistry for the Handicapped (Denver)
Neighbor to Neighbor, Inc. (Fort Collins)
Night Walker Enterprises, Inc. (Fort Collins)
Northern Colorado AIDS Project (Fort Collins)
Office of Emergency Preparedness & Response (Greeley)
Partners In Housing (Colorado Springs)
Pikes Peak Partnership (Colorado Springs)
Pikes Peak United Way (Colorado Springs)
Posada (Pueblo)
Pueblo StepUp (Pueblo)
Rocky Mountain Chapter of the Arthritis Foundation (Denver)
Rocky Mountain Community Land Trust (Colorado Spring)
Rocky Mountain Resource Center on Violent, Destructive and Hate Groups (Fort Collins)
Senior Support Services (Denver)
Seniors Inc. (Denver)
Servicios de La Raza, Inc. (Denver)
Sheriff's Office, Emergency Services Division (El Paso County)
Silver Key Senior Services (Colorado Springs)

Small Business Development Center (Fort Collins)
Suicide Resource Center of Larimer County (Loveland)
The Evans Area Chamber of Commerce (Evans)
The Mental Health Association of El Paso County (Colorado Springs)
The Multiple Sclerosis Alliance of Southern Colorado (Colorado Springs)
The Pikes Peak Partnership (Colorado Springs)
The Senior Hub, Inc. (Federal Heights)
Thompson Valley Preschool (Loveland)
Turning Point Center For Youth and Family Development (Fort Collins)
United Way 2-1-1 (Fort Collins)
United Way of Larimer County (Fort Collins)
United Way of Mesa County (Grand Junction)
United Way of Pueblo County (Pueblo)
United Way of Weld County (Greeley)
Weld County Department of Public Health and Environment (Greeley)
Weld County Juvenile Assessment Center (Greeley)
Weld County Medical Reserve Corps (Greeley)
Weld County Regional Communications Center (Greeley)
Weld Food Bank (Greeley)
WIC Program, Larimer County Dept. of Health & Environment (Fort Collins)
Women's Resource Center (Fort Collins)
YMCA of Metropolitan Denver (Denver)
YouthBiz, Inc. (Denver)

CONNECTICUT

United Way of Connecticut/2-1-1 Infoline (Rocky Hill)
United Way of Greater New Haven (New Haven)
United Way of Milford, Inc. (Milford)
United Way of Northern Fairfield County (Danbury)
United Way of Norwalk & Wilton (Norwalk)
United Way of Southeastern Connecticut (Gales Ferry)
United Way of the Capital Area (Hartford)
United Way of West Central Connecticut, Inc. (Bristol)
Westport-Weston United Way (Westport)

DELAWARE

American Red Cross of the Delmarva Peninsula (Wilmington)
Boy Scouts of America, Del-Mar-Va Council, Inc. (Wilmington)
Brandywine Counseling Inc. (Wilmington)
Community Legal Aid Society, Inc. (Wilmington)
CONTACT Delaware, Inc. (Wilmington)
Delaware Curative Physical Therapy and Rehabilitation (Wilmington)

Edgemoor Community Center (Wilmington)
Kingswood Community Center, Inc. (Wilmington)
La Esperanza Community Service Agency (Georgetown)
Latin American Community Center (Wilmington)
Modern Maturity Center (Dover)
Newark Senior Center (Newark)
People's Place II (Milford)
Planned Parenthood of Delaware (Wilmington)
Rose Hill Community Center, Inc. (New Castle)
St. Anthony's Community Center, Inc. (Wilmington)
The Shepherd Place, Inc. (Dover)
United Cerebral Palsy of Delaware, Inc. (Wilmington)
United Way of Delaware (Wilmington)
Wilmington Senior Center, Inc. (Wilmington)

DISTRICT OF COLUMBIA

Home Care Partners (Washington)
Kristin Brooks Hope Center (Washington)
Nonprofit Roundtable of Greater Washington (Washington)

FLORIDA

211 Advisory Board Committee (Arcadia)
2-1-1 Big Bend, Inc. (Tallahassee)
2-1-1 Brevard Inc. (Cocoa)
2-1-1 First Call For Help of Broward (Ft. Lauderdale)
2-1-1 Tampa Bay Cares, Inc. (Largo)
Ability 1st (Tallahassee)
Alachua County Coalition for the Homeless and Hungry (ACCHH) (Gainesville)
Alachua County Library District (Gainesville)
American Red Cross (Arcadia)
American Red Cross, Northeast Florida Chapter (Jacksonville)
Arbor E and T LLC (Broward)
Area Agency on Aging for North Florida (Tallahassee)
Arthritis Foundation Florida Chapter, Northeast Region (Jacksonville)
Best Buddies Florida (Tallahassee)
Big Bend Cares (Tallahassee)
Big Bend Homeless Coalition, Inc. (Tallahassee)
Big Brothers Big Sisters of the Big Bend (Tallahassee)
Bond Community Health Center, Inc. (Tallahassee)
Boys & Girls Clubs of the Big Bend (Tallahassee)
Brehon Institute for Family Services, Inc. (Tallahassee)
Brevard Achievement Center (Rockledge)

Brevard Community College (Cocoa)
Brevard County Sheriff's Department (Cocoa)
Broward County Medical Association (Ft. Lauderdale)
Broward Meals On Wheels (Lauderhill)
Camelot Community Care, Inc. (Fort Lauderdale)
Caplan Management Group (Daytona Beach)
Catholic Charities (Sarasota)
Catholic Charities Arcadia (Arcadia)
Catholic Charities Bureau Inc. (Lake City)
Catholic Charities Bureau, Inc. (Jacksonville)
Center for Independence, Inc. (Hudson)
Center for the Visually Impaired, Inc. (Daytona Beach)
Cerebral Palsy of Northeast Florida, Inc. (Jacksonville)
Charlotte County 211 (Charlotte)
Child Care Association of Brevard County, Inc. (Cocoa)
Child Care Resource Network, Inc. (Daytona Beach)
Children's Board of Hillsborough County (Tampa)
Children's Haven and Adult Center (Sarasota)
Children's Services Council of Broward County (Ft. Lauderdale)
Children's Home Society of Florida, North Central Division (Tallahassee)
City of Weston (Weston)
Coalition for the Hungry and Homeless of Brevard County, Inc. (Cocoa)
Coastal Behavioral (Sarasota)
Coconut Creek Police Department Victim Services (Coconut Creek)
Community Assistance Division (DeLand)
Community Foundation of East Central Florida (DeLand)
Community Neighborhood Renaissance Partnership, Inc. (Tallahassee)
Community Services Network (Orlando)
Community Youth Development Program (Sarasota)
Consumer Credit Counseling Service of South Florida (Davie)
Council on Aging of Volusia County (Volusia Beach)
Crisis Center of Tampa Bay, Inc. (Tampa)
Crosswinds Youth Services (Cocoa)
CypressCoquina Bank (Ormond Beach)
DASH (Sarasota)
Daytona Beach Area Convention & Visitors Bureau (Daytona Beach)
Dick Howser Center for Childhood Services, Inc. (Tallahassee)
Dioceses of Venice (Sarasota)
DNA Services of America (Broward)
DNA Services of America (Dade)
DNA Services of America (Winter Park)
Early Learning Coalition of Florida's Gateway (Lake City)

Eckerd Youth Alternatives, Inc. (Clearwater)
Emergency Services and Homeless of Jacksonville, Inc. (Jacksonville)
Episcopal Children's Services (Jacksonville)
Family Counseling Center of Brevard (Rockledge)
Family Counseling Services (Jacksonville)
Family Renew Community, Inc. (Holy Hill)
First Step (Sarasota)
Flagler Volunteer Services (Flagler Beach)
Florida Alliance of Information and Referral Services (Daytona Beach)
Florida Crown Workforce Board (Lake City)
Gee Resolutions, Inc. (Rockledge)
Girl Scouts of Citrus Council (Orlando)
Girls and Boys Town (Miami-Dade County)
Girls Incorporated of Jacksonville (Jacksonville)
Go The Extra Mile (Pompano Beach)
Guardian ad Litem/Voices for Children (Lake City)
Haitian Neighborhood Center, Sant La (Miami)
Halifax Urban Ministries (Daytona Beach)
Hamilton County Council on Aging Inc. (Jasper)
Harmony Development Center (Lauderhill)
Harmony Development Center (Miramar)
Healthsouth Sea Pines Rehabilitation Hospital (Melbourne)
Healthy Start Coalition of Hardee, Highlands and Polk Counties, Inc. (Winter Haven)
Heart of Florida United Way (Orlando)
Help of Fort Meade, Inc. (Fort Meade)
Helpline, Inc. (Key West)
Hispanic Latino Coalition (Sarasota)
Homeless Services Network of Suwannee Valley (Lake City)
HOPE Outreach Center Inc. (Davie)
HospiceCare of Southeast Florida, Inc. (Fort Lauderdale)
HUGS for Kids (Boynton Beach)
International Speedway Corporation (Daytona Beach)
ITT Corporation (Palm Coast)
Jack & Jill Children's Center (Ft. Lauderdale)
JaxCare, Inc. (Jacksonville)
Jirehcod Outreach and Community Development, Inc. (Fort Lauderdale)
Juvenile Welfare Board of Pinellas County (Pinellas Park)
Kids In Distress (Wilton Manors)
Kids Incorporated of the Big Bend (Tallahassee)
League for the Hard of Hearing (Fort Lauderdale)
Lee's Place (Tallahassee)
Legal Aid Service of Broward County, Inc. (Plantation)

Literacy Volunteers of Leon County (Tallahassee)
Lutheran Social Services of North Florida, Inc. (Tallahassee)
Manatee Glens (Bradenton)
Maximum Management (Tallahassee)
Mental Health Association of Volusia County, Inc. also serving Flagler County (Daytona Beach)
Minority Development and Empowerment, Inc. (Ft. Lauderdale)
Museum of Discovery & Science (Fort Lauderdale)
Nami Pasco County (Tallahassee)
Nassau County Council on Aging, Inc. (Fernandina Beach)
Non-Violence Project (Coral Gables)
North Florida Council, Boy Scouts of America (Jacksonville)
PACE Center for Girls - Broward (Wilton Manors)
PACE Center for Girls (Ormond Beach)
Quigley House, Inc. (Orange Park)
Refuge House, Inc. (Tallahassee)
Refuge of Love, Inc. (Tallahassee)
S2 Advertising (Daytona Beach)
Salvation Army (Sarasota)
San Antonio Boys Village (San Antonio)
Sarasota Family YMCA, Inc. (Sarasota)
School Board (Arcadia)
Second Chance (Sarasota)
Second Harvest Food Bank of Central Florida (Daytona Beach)
Senior Citizens Council of Madison County, Inc. (Madison)
Senior Friendship Center (Arcadia)
Serenity House of Volusia Inc. (Daytona Beach)
Social Service Council of the Jewish Federation (Ormond Beach)
South Brevard Women's Center, Inc. (Melbourne)
South Cluster Children Services, Inc. (Davie)
Space Coast CIL (Cocoa Beach)
Stottler Stagg & Associates (Cape Canaveral)
Sun Viking Lodge (Daytona Beach Shores)
SunCoast Custom Programming / IRis Software (Loxahatchee)
Suncoast Partnership to End Homelessness (Sarasota)
Sunshine After School Child Care Inc. (Davie)
Suwannee Valley Rescue Mission (Lake City)
Switchboard of Miami, Inc. (Miami)
Tallahassee Habitat for Humanity Inc. (Tallahassee)
Tallahassee Urban League, Inc. (Tallahassee)
TaskForce Fore Ending Homelessness, Inc. (Fort Lauderdale)
The Arc Jacksonville (Jacksonville)
The Center for Postpartum Adjustment (Coral Springs)

The House Next Door (DeLand)
The Legal Aid Foundtion of the Tallahassee Bar Assn. (Tallahassee)
The North Broward Hospital District (Broward)
The School Board of Broward County (Fort Lauderdale)
The Shepherd's Way, Inc. (Wilton Manors)
The Starting Place (Hollywood)
Turn About, Inc. of Tallahassee (Tallahassee)
United Partners for Human Services (Tallahassee)
United Way 2-1-1 (United Way of Northeast Florida) (Jacksonville)
United Way 2-1-1 of Manasota, Inc. (Sarasota)
United Way of Central Florida (Highlands City)
United Way of Escambia County (Pensacola)
United Way of Florida (Tallahassee)
United Way of Indian River County (Vero Beach)
United Way of Manatee County, Inc. (Bradenton)
United Way of Miami-Dade (Miami)
United Way of Northeast Florida (Tampa)
United Way of Northwest Florida (Panama City)
United Way of Pasco County (Port Richey)
United Way of Sarasota County, Inc. (Sarasota)
United Way of South Sarasota County (Venice)
United Way of St. Johns County, Inc. (Augustine)
United Way of Suwannee Valley (Lake City)
United Way of Suwannee Valley (Lake City)
United Way of Tampa Bay, Inc. (St. Petersburg)
United Way of the Big Bend (Tallahassee)
United Way of Volusia-Flagler Counties (Daytona Beach)
United Way 211 for North Central Florida (Gainesville)
Victory Living Programs, Inc. (Fort Lauderdale)
VISTA Volunteers Manatee (Bradenton)
Vivid Visions, Inc. (Live Oak)
Volunteer Brevard/Brevard Association of Volunteer Management, Inc. (Cocoa)
Volunteer Center of Manatee (Bradenton)
Volunteer Center Sarasota (Sarasota)
Volunteer Jacksonville, Inc. (Jacksonville)
WE CARE Manatee (Bradenton)
Workforce Plus (Tallahassee)

GEORGIA

1-87-RIDEFIND (Atlanta)
311 Call Center System (Savanna)
A Friend's House (McDonough)

A Higher Calling, Inc. (College Park)
 A New Thing Ministries International (Atlanta)
 ACF (Atlanta)
 American Association of adaptedSPORTS Programs, Inc. (Atlanta)
 American Red Cross, Metropolitan Atlanta Chapter 2 (Atlanta)
 Atlantic Area CASA, Inc. (Hinesville)
 Baitul Salaam Network, Inc. (Conley)
 Beyond The Bell, Inc. (Lithonia)
 Camden Children's Alliance & Resources, Inc. (St. Marys)
 Camden Community Crisis Center (St. Marys)
 Camden County CASA Program (St. Marys)
 Chatham Emergency Management Agency (Savannah)
 Children's PEACE Center (Acworth)
 Children's PEACE Center (Acworth)
 City of Carrollton Housing Authority (Carrollton)
 Coastal Children's Advocacy Center (Savannah)
 Coastal Medical Access Project (Brunswick)
 Coastal Pet Rescue (Savannah)
 CSRA Partnership for Community Health, Inc. (Augusta)
 CSRA Regional Development Center/Area Agency on Aging (Augusta)
 DeKalb Chamber of Commerce (Decatur)
 Devereux Georgia Treatment Network (Kennesaw)
 Easter Seals Southern Georgia (Albany)
 Family Counseling Center (Macon)
 Family Prevention Resource and Learning Center @ Zion, Inc. (Roswell)
 Fayette Human Services Council (Fayetteville)
 Feminist Women's Health Center (Atlanta)
 Fresh Start for Women, Inc. (Ellenwood)
 Georgia Council on Substance Abuse (Atlanta)
 Georgia State Parks and Historic Sites (Atlanta)
 Girls and Boystown National Hotline (Atlanta)
 Greater Valdosta United Way (Valdosta)
 H.O.P.E. Through Divine Intervention, Inc. (Atlanta)
 Hands On Macon (Macon)
 Hispanic Community Support (Atlanta)
 HODAC, Inc. (Warner Robins)
 Institute for Multicultural Rehabilitation, Inc. (Atlanta)
 Lutheran Services of GA - Child Care Resource & Referral Agency of East GA (Augusta)
 Middle Georgia Community Food Bank (Macon)
 Mother and Child Ministries, Inc. (Macon)
 Narconon of Georgia (Atlanta)
 National Multiple Sclerosis Society, Georgia Chapter (Atlanta)

Nazareth Life Ministries, Inc. (Macon)
PeacePlace, Inc. (Winder)
Plymouth Harbor Day Program (Atlanta)
Plymouth Harbor, A Day Program for Older Adults (Atlanta)
Rainbow House Children's Resource Center (Warner Robins)
Salvation Army, St. Marys Service Center (St. Mary's)
Samaritan House of Atlanta (Atlanta)
The Alcove, Inc. (Monroe)
The Atlanta Volunteer Lawyers Foundation (Atlanta)
The Cohen Home (Alpharetta)
The Salvation Army (Savanna)
U.S. Dream Academy, Inc. (Atlanta)
United Way 2-1-1 (Albany, Georgia)
United Way of Bartow County (Cartersville)
United Way of Camden County (Kingsland)
United Way of Central Georgia (Macon)
United Way of Colquitt County (Moultrie)
United Way of Forsyth County (Cumming)
United Way of Hall County (Gainesville)
United Way of Metro Atlanta (Atlanta)
United Way of Metropolitan Atlanta (Atlanta)
United Way of NE Georgia (Athens)
United Way of NW Georgia (Dalton)
United Way of SE Georgia (Statesboro)
United Way of South Central Georgia (Tifton)
United Way of Southwest Georgia (Albany)
United Way of the Chattahoochee Valley (Columbus)
United Way of the Coastal Empire 2-1-1 (Savannah)
United Way of the CSRA, Inc. (Augusta)
Volunteer Albany (Albany, Georgia)
VOX Teen Communications (Atlanta)
VPSI Atlanta Customer Service Center (Marietta)
Wesley Community Centers of Savannah, Inc. (Savannah)
Will Of The Father Ministries, Inc. (Atlanta)
Women's Economic Development Agency, Inc. (Atlanta)
YWCA of Northwest GA (Marietta)

HAWAII

Aloha United Way (Honolulu)
Alzheimer's Association - Aloha Chapter (Honolulu)
American Red Cross, Hawaii State Chapter (Honolulu)
Big Brothers Big Sisters of Honolulu (Honolulu)

Central Oahu Youth Services Association, Inc. (Haleiwa)
Child and Family Service in Hawaii (Ewa Beach)
Eye of the Pacific Guide Dogs and Mobility Services, Inc. (Honolulu)
Full Life (Kealahou)
Hale Kipa, Inc. (Honolulu)
Hawaii'i Community Services Council (Honolulu)
Hawaii Centers for Independent Living (Honolulu)
HUGS (Help, Understanding & Group Support) (Honolulu)
Kalihi-Palama Health Center (Honolulu)
KCAA Preschools of Hawaii (Honolulu)
Legal Aid Society of Hawaii (Honolulu)
Mental Health Association in Hawaii (Honolulu)
National Alliance On Mental Illness (Oahu)
PATCH (Honolulu)
Prevent Child Abuse Hawaii (Honolulu)
United Cerebral Palsy Association of Hawaii (Honolulu)
Variety School of Hawaii (Honolulu)
Waimanalo Teen Project (Waimanalo)

ILLINOIS

American Red Cross of the Heartland (Bloomington)
Barrington Area United Way (Barrington)
Boys & Girls Club of Bloomington-Normal (Bloomington)
Collaborative Solutions Institute (Bloomington)
Community Resource Network (Chicago)
Easter Seals Information & Referral Services (Chicago)
Epilepsy Foundation of North/Central Illinois, Iowa, & Nebraska (Oak Brook)
KAN-I-HELP Network (Kankakee)
Kishwaukee United Way (DeKalb)
Marc Center (Normal)
Mid Central Community Action (Bloomington)
PATH, Inc. (Bloomington)
Project Oz (Bloomington)
Siouxland Human Investment Partnership (Sioux City)
Southwestern IL College Programs and Services for Older Persons (Belleville)
Suicide Prevention Services (Batavia)
SWIC PSOP (Belleville)
The Baby Fold (Normal)
The Julian Center, Inc. (Julian)
United Way of Danville, Inc. (Danville)
United Way of Decatur & Mid-Illinois (Decatur)
United Way of Grundy County (Morris)

United Way of Illinois (Oak Brook)
United Way of Illinois Valley (La Salle)
United Way of Knox County Inc. (Galesburg)
United Way of McLean County (Bloomington)
United Way of Northwest Illinois, Inc. (Freeport)
United Way of Rock River Valley (Rockford)
United Way of Southern Illinois (Marion)
United Way of Whiteside County (Sterling)
Youth Service Bureau of Illinois Valley (Ottawa)
YWCA McLean County (Bloomington)

INDIANA

Aging and Community Services of South Central (Columbus)
Alexandria Emergency Relief Fund and Food Pantry (Alexandria)
Alliance for Community Inclusion, Inc. (Fort Wayne)
Alliance Industries (Garrett)
Alternatives Incorporated of Madison County (Anderson)
American Red Cross of Northeast Indiana (Fort Wayne)
American Red Cross, Porter County Chapter (Valparaiso)
American Red Cross, Tippecanoe County Chapter (Lafayette)
Arc Rehab Services (Indianapolis)
Area 10 Agency on Aging (Ellettsville)
Area 9 In-Home & Community Services Agency (Richmond)
Area Five Agency on Aging and Community Services (Logansport)
Area IV Agency on Aging and Community Action Programs, Inc. (Lafayette)
Associated Churches (Fort Wayne)
Attain (Indianapolis)
Bartholomew County Emergency Management (Columbus)
Big Brothers Big Sisters of Brown Co. (Nashville)
Boys & Girls Club of Evansville (Evansville)
Brown County Community Foundation (Nashville)
CASI, Inc. (Indianapolis)
Castle One Realty, Inc. (Auburn)
Center for Mental Health (Anderson)
Center Township Trustee Office, Delaware County (Muncie)
Children First Center (Auburn)
Children's Bureau, Inc. (Indianapolis)
Cicoa Aging & In-Home Solutions (Indianapolis)
City of West Lafayette (West Lafayette)
Coalition for a Safe & Drug-Free Tippecanoe County (Lafayette)
Communities United to Strengthen America (Bloomington)
Community & Family Resource Center, Inc. (Lafayette)

Concord Neighborhood Center (Indianapolis)
Drug Free DeKalb County (Auburn)
Early Childhood Alliance (Fort Wayne)
ECHO Housing Corporation (Evansville)
Edna Martin Christian Center (Indianapolis)
Family & Youth Services Bureau (Valparaiso)
Family and Community Center (Indianapolis)
Family Matters (Mt. Vernon)
Family Service Council of Indiana (Indianapolis)
Family Services, Inc. (Lafayette)
First Call For Help (Fort Wayne)
Freedom Academy, Inc. (Kendallville)
Gentleman Associates (Indianapolis)
Harrison County Community Services, Inc. (Corydon)
HomeFederal Bank (Seymour)
HVAF of Indiana, Inc. (Indianapolis)
Indiana 211 Partnership, Inc. (Indianapolis)
Indiana Association of Senior Corps Directors (Fort Wayne)
Indiana Association of United Ways (Indianapolis)
Indiana Lakeland Girl Scout Council, Inc. (Goshen)
Indiana Suicide Prevention Coalition (Fort Wayne)
Indianapolis Legal Aid Society (Indianapolis)
Indianapolis Neighborhood Resource Center (Indianapolis)
Indianapolis Senior Center (Indianapolis)
Info Link of Southern Indiana (New Albany)
Information & Referral Network (Indianapolis)
Jackson County United Way (Seymour)
Jasper County Community Services, Inc. (Winamac)
John H. Boner Community Center (Indianapolis)
Lafayette Crisis Center / 211 (Lafayette)
Lafayette Urban Enterprise Association (Lafayette)
LaGrange County Council on Aging, Inc. (LaGrange)
Lake Area United Way (Griffith)
Lakota Chapter of the American Council of the Blind of Indiana (Columbia City)
Life and Family Services (Kendallville)
LifeSpan Resources, Inc. (New Albany)
LifeStream 211 (Yorktown)
Link-Age of Generations (Vincennes)
Marion County Commission On Youth, Inc. (Indianapolis)
Meals on Wheels of Central Indiana (Indianapolis)
Mental Health America of Indiana (Indianapolis)
Mental Health Association in Porter County (Valparaiso)

Neo-Fight Parent Support Group (Indianapolis)
Newton County Community Services (Morocco)
Noble County Health Department (Albion)
Noble of Indiana (Indianapolis)
Northwest Indiana Community Action Corporation (Hammond)
Northwest Indiana Federation of Labor, AFL-CIO (Hammond)
Opportunity Enterprises, Inc. (Valparaiso)
PACE/OAR (Indianapolis)
Parkview Home Health & Hospice (Kendallville)
Parkview Noble Hospital (Kendallville)
Partners for Community Impact (Muncie)
Portage Townshp YMCA (Portage)
Posey County Steps Ahead Council, Inc. (Mt. Vernon)
Pulaski County Human Services, Inc. (Winamac)
Rauch, Inc. (New Albany)
Read Jackson County (Seymour)
RIPLEY COUNTY PROSECUTOR'S OFFICE (Versailles)
Scott County Partnership, Inc. (Scottsburg)
Second Harvest Food Bank of East Central Indiana, Inc. (Anderson)
Second Helpings, Inc. (Indianapolis)
Sigecom llc. (Evansville)
Social Health Association (Indianapolis)
South Central Community Action Program (Nashville)
Sowers Of Seeds Counseling, Inc. (Anderson)
St. Landry-Evangeline United Way (Opelousas)
SWIRCA Area 16 (Evansville)
Tippecanoe County Council on Aging, Inc. (Lafayette)
Tippecanoe County Sheriff's Department (Lafayette)
Training, Inc. (Indianapolis)
Turtle Top (New Paris)
United Community Health Center (Eunice)
United Way of Adams County (Decatur)
United Way of Allen County (Fort Wayne)
United Way of Central Indiana (Indianapolis)
United Way of DeKalb County (Auburn)
United Way of Elkhart County (Elkhart)
United Way of Huntington County (Huntington)
United Way of Jay County (Portland)
United Way of Kosciusko County (Warsaw)
United Way of Madison County, Inc. (Anderson)
United Way of Marshall County (Plymouth)
United Way of Monroe County (Bloomington)

United Way of Noble County, Inc. (Albion)
United Way of Porter County (Valparaiso)
United Way of Posey County, Inc. (Mount Vernon)
United Way of Southwestern Indiana (Evansville)
United Way of St. Joseph County (South Bend)
United Way of St. Joseph County 2-1-1 (South Bend)
United Way of Wells County (Bluffton)
United Way of Whitley County (Columbia City)
Victim's Services of the Ripley County Prosecutor's Office (Versailles)
Vigo County Lifeline (Terre Haute)
Visiting Nurse Association of Porter County, Indiana, Inc. (Valparaiso)
Workforce Development Associates, Inc. (New Albany)
YWCA (Evansville)
YWCA (Muncie)

IOWA

American Lung Association (Des Moines)
American Red Cross of Central Iowa (Des Moines)
American Red Cross of the Tri-States (Dubuque)
Catholic Charities (Council Bluffs)
Cedar Valley United Way (Waterloo)
Center For Siouxland (Sioux City)
Children & Families of Iowa Family Violence Center (Des Moines)
Community Services of Harrison, Shelby and Monona County Iowa (Harlan)
First Call for Help Iowa, Inc. (Cedar Rapids)
Foundation for Children & Families of Iowa (Des Moines)
FPL Energy Duane Arnold Energy Center (Palo)
Friends of Welcome Baby! (Mount Vernon)
Grape Community Hospital (Hamburg)
Hawkeye Area Community Action Program, Inc. (Hiawatha)
Heritage Area Agency on Aging (Cedar Rapids)
Iowa Association of Area Agencies on Aging (Des Moines)
Iowa COMPASS, Statewide Disability I&R (Iowa City)
Iowa Concern/2-1-1 (Urbandale)
League of Human Dignity (Council Bluffs)
Linn County Emergency Management Agency (Cedar Rapids)
Loess Hills Chapter-American Red Cross (Council Bluffs)
Marshalltown Area United Way (Marshalltown)
Meals on Wheels (Council Bluffs)
Mills County Public Health (Glenwood)
Montgomery County Family YMCA (Red Oak)
NorthLand Agency on Aging (Decorah)

Operation: New View Community Action Agency (Dubuque)
Project Concern, Information and Referral/211 Services (Dubuque)
Salem Lutheran Homes (Elk Horn)
The Montgomery County Family YMCA (Red Oak)
United Way of Central Iowa (Des Moines)
United Way of East Central Iowa (Cedar Rapids)
United Way of Greater Fort Dodge (Fort Dodge)
United Way of Johnson County (Iowa City)
United Way of Siouxland (Sioux City)
United Way Services, Inc. (Dubuque)
Visiting Nurse Association of Pottawattamie County (Council Bluffs)
Volunteer Council Bluffs (Council Bluffs)

KANSAS

Abilene Childcare Learning Center (Abilene)
American Heart Association, Heartland Affiliate (Wichita)
American Red Cross, Midway-Kansas Chapter (Wichita)
American Red Cross-Bluestem Chapter (El Dorado)
Arthritis Foundation, Kansas Chapter (Wichita)
AT&T Kansas External Affairs (Overland Park)
Bethlehem House (El Dorado)
Big Brothers Big Sisters of Douglas County (Lawrence)
Big Brothers Big Sisters of Haskell, Seward, & Stevens Counties (Liberal)
Big Brothers Big Sisters of Marion County (Marion)
Big Brothers Big Sisters of the Flint Hills (Emporia)
Big Brothers Big Sisters of Harvey County (Newton)
Bittersweet Homestead Inc. (Holton)
Boys & Girls Clubs of Manhattan (Manhattan)
Boys & Girls Clubs of South Central Kansas (Wichita)
Building Blocks Community Child Care, Inc. (Council Grove)
CASA of the High Plains, Inc. (Hays)
CASA: A Voice for Children, Inc. (Newton)
CASA-Children Worth Saving, Inc. (Dodge City)
Central Kansas Mental Health Center (Salina)
Charities, Inc. – Diocese of Wichita (Wichita)
Child Start, Inc. (Wichita)
Communities In Schools of Wichita/Sedgwick County, Inc. (Wichita)
Community Housing Services (Wichita)
Consumer Credit Counseling Service (Salina)
Cross Road Pregnancy Care Center, Inc. (Hays)
Domestic Violence Association of Central Kansas (Salina)
Douglas County AIDS Project (Lawrence)

Dress for Success Wichita (Wichita)
East Central Kansas Area Agency on Aging (Ottawa)
Episcopal Social Services (Wichita)
Family Resource Center (Topeka)
Finney County United Way (Garden City)
First Presbyterian Church (Winfield)
Franklin County Child Development & Services, Inc. (Ottawa)
Fundamental Learning Center (Wichita)
Good Grief of Kansas (Wichita)
GraceMed Health Clinic, Inc. (Wichita)
Greater KC United Ways (Shawnee)
Greater Wichita YMCA (Wichita)
Harry Hynes Memorial Hospice (Wichita)
Harvey County Domestic Violence/Sexual Assault Task Force, Inc. (Newton)
Harvey County United Way (Newton)
Hays Area Children's Center (Hays)
Hays Workforce Center (Hays)
Head Start of Shawnee Mission, Inc. (Overland Park)
Heart of America United Way (Kansas City)
Hesston Community Child Care (Hesston)
His Helping Hands Ministry (Wichita)
Independence, Inc. (Lawrence)
Johnson County Area Agency on Aging (Olathe)
Johnson County Community College (Overland Park)
Johnson County Library (Overland Park)
Kansas Big Brothers Big Sisters (Wichita)
Kansas Braille Transcription Institute, Inc. (Wichita)
Kansas Department of Commerce (Colby)
Kansas School for Effective Learning (KANSEL) (Wichita)
KCSL Head Start (Garden City)
KPMG (Lenexa)
Mary Elizabeth Maternity Home (Hays)
Maude Carpenter Children's Home (Wichita)
Medical Service Bureau (Wichita)
Mental Health Association of South Central Kansas (Wichita)
Mid-Kansas Jewish Federation (Wichita)
Mother to Mother (Olathe)
New Start Family Life Skills Center, Inc. (Salina)
Newton Public Library (Newton)
Olathe Head Start (Olathe)
Open Door Community House Inc. (Junction City)
Paws-Up, Inc. (Derby)

Prairie View, Inc. (Newton)
Project Finish (Olathe)
Quivira Council, Boy Scouts of America (Wichita)
Rainbows United, Inc. (Wichita)
Rooks County Health Dept.and Home Health Agency (Stockton)
Russell Child Development Center (Garden City)
SAFEHOME (Overland Park)
Salina Adult Education Center (Salina)
Salina Area United Way (Salina)
SALINA Family HealthCARE and Dental Center (Salina)
Salina Health Education Foundation (Salina)
Salina-Saline County Health Department (Salina)
Saline County Commission on Aging (Salina)
Sedgwick County Department on Aging/Transportation Brokerage (Wichita)
Sedgwick County Division of Public Safety (Wichita)
Self Help Network (Wichita)
Senior Services, Inc. of Wichita (Wichita)
Shepherd's Center of Shawnee Mission (Overland Park)
Sisters of St. Joseph Dear Neighbor Ministries (Wichita)
Smoky Hill Family Medicine Residency (Salina)
Social and Rehabilitation Services (Wichita)
Starkey, Inc. (Wichita)
Stepping Stone Shelter (Liberal)
TDC Learning Centers, Inc. (Topeka)
The Arc of Sedwick County (Wichita)
The Family Conservancy (Kansas City)
Trees for Life (Wichita)
United Cerebral Palsy of Kansas (Wichita)
United Methodist Mexican-American Ministries, Inc. (Garden City)
United Methodist Urban Ministry of Wichita, Inc. (Wichita)
United Way of Greater Topeka (Topeka)
United Way of Johnson County (Shawnee)
United Way of McPherson County (McPherson)
United Way of the Plains (Wichita)
United Way of Wyandotte County (Kansas City)
Urban League of the MidPlains, Inc. (Wichita)
Vaughn Trent Community Services (Bonner Springs)
Wichita Child Guidance Center (Wichita)
Wichita Children's Home (Wichita)
Wichita Indochinese Center, Inc. (Wichita)

KENTUCKY

Big Brothers Big Sisters of the Bluegrass, Inc. (Lexington)
Bluegrass Community and Technical College (Lexington)
Center for Great Neighborhoods of Covington (Covington)
Center for Women, Children and Families (Lexington)
Child Care Council of Kentucky (Lexington)
Children, Inc. (Covington)
Chrysalis House, Inc. (Lexington)
Clark County Community Services (Winchester)
Community Assistance & Referral Service (CAREs) (Ashland)
Community Service Center of Wilmore-High Bridge (Wilmore)
Cumberland Trails United Way (Middlesboro)
Downtown Lexington Corporation (Lexington)
Family Counseling Service, Inc. (Lexington)
Gateway Community and Technical College (Ft. Mitchell)
Gateway Juvenile Diversion Project, Inc. (Mt. Sterling)
Gentle Dental Care (Independence)
Georgetown Community Hospital (Georgetown)
Heart of Kentucky United Way (Danville)
Holly Hill Children's Services (California)
Insight Media (Lexington)
Kidney Health Alliance of Kentucky (Lexington)
Laurel County Older Persons Activity Center, Inc. (London)
Legal Aid of the Bluegrass (Lexington)
London-Laurel County Chamber of Commerce (London)
Metro United Way (Louisville)
New Perceptions, Inc. (Edgewood)
Northern Kentucky University (Highland Heights)
Nursing Home Ombudsman Agency of the Bluegrass, Inc. (Lexington)
Paris-Bourbon County YMCA (Paris)
Project Read/Madison County Adult Literacy (Richmond)
Putnam Agency (Ashland)
Redwood Rehabilitation Center (Ft. Mitchell)
Saint Joseph Hospital Foundation (Lexington)
Senior Services of Northern Kentucky (Covington)
Seven County Services, Inc. Crisis & Information Center (Louisville)
Springate & Springate, Attorneys at Law (Lawrenceburg)
The Community Service Center of Wilmore-High Bridge (Wilmore)
The Jessamine County United Way of The Bluegrass (Jessamine)
The Northern Kentucky Chamber (Ft. Mitchell)
The Ridge Behavioral Health System (Lexington)
The United Way of Southeastern Kentucky (Hazard)
Toyota Motor Engineering & Manufacturing North (Erlanger)

United Way of Central Kentucky (Elizabethtown)
United Way of Eastern Kentucky (Prestonburg)
United Way of Franklin County (Frankfort)
United Way of Greater Cincinnati-Northern Kentucky (Florence)
United Way of Henderson County (Henderson)
United Way of Hopkins County (Madisonville)
United Way of Kentucky (Louisville)
United Way of Laurel County (London)
United Way of Northeast Kentucky (Ashland)
United Way of Paducah-McCracken County (Paducah)
United Way of Southeastern Kentucky (Hazard)
United Way of Southern Kentucky (Bowling Green)
United Way of the Bluegrass (Lexington)
United Way of the Pennyroyal (Hopkinsville)
University of Kentucky (Lexington)
Welcome House of Northern Kentucky, Inc. (Covington)
Wilson Equipment Co, LLC (Lexington)
Winchester Fire/EMS (Winchester)
Winchester/Clark County Literacy Council Inc. (Winchester)
Woodford County Literacy Council (Versailles)
YMCA of Central Kentucky (Lexington)

LOUISIANA

232-HELP/211 (Lafayette)
4th Judicial District - D.A.'s Office (Monroe)
Acadiana Outreach Center, Inc. (Lafayette)
Advocacy Center (New Orleans)
Another Chance Counseling Center, Inc. (Jena)
ARCO (Monroe)
ASSIST Agency, Inc. (Crowley)
Bastrop Morehouse Chamber of Commerce (Bastrop)
Baton Rouge Crisis Intervention Center/ 2-1-1 (Baton Rouge)
Big Brothers Big Sisters of Acadiana (Lafayette)
Boy Scouts of America (Monroe)
Boys and Girls Club of West Monroe (West Monroe)
Capital Area United Way (Baton Rouge)
Catahoula Association of Retarded Citizens, Inc. (Jonesville)
Cenla Chemical Dependency Council, Inc. (Jonesville)
Centerpoint/2-1-1 Call Center (Shreveport)
Central Louisiana Partners in Literacy (Alexandria)
Children's Defense Fund (Lafayette)
Community Development Department (West Monroe)

Community Investors, Inc. (Church Point)
Community Trust Bank (Choudrant)
Concordia Council on Aging Inc. (Vidalia)
Concordia Parish School District (Vidalia)
Creswell Chiropractic Clinic (Opelousas)
Delta Recovery Center (Tallulah)
DHH/division of Long Term Supports and Services (DLTSS) (Baton Rouge)
DNA Services of America, Inc. (Houma)
DNA Services of America, Inc. (Lafayette)
DNA Services of America, Inc. (Lake Charles)
DSS-Union Parish Office of Family Support (Farmerville)
Easter Seals Louisiana (New Orleans)
Evangeline Community Action Agency. Inc. (Villa Platte)
Families Helping Families of Northeast Louisiana (Monroe)
Families in Need of Services (FINS) (Monroe)
Family Counseling Center (Ruston)
Family Foundations (Rayville)
Family Violence Intervention Program (Lafayette)
Food Bank of Northeast Louisiana (Monroe)
Girl Scouts – Bayou Council (Lafayette)
Girl Scouts Council of Southeast Louisiana (New Orleans)
Girl Scouts Silver Water Council (Monroe)
Glenwood Regional Medical Center (West Monroe)
Glenwood School Based Health Center (West Monroe)
Health Start ABC's (Monroe)
Home Assistance Services, Inc. (West Monroe)
HOPE for the Homeless, Inc. (Shreveport)
IBSA, Inc. (Baton Rouge)
Lafayette Council on Aging (Lafayette)
LaSalle Parish Homeland Security (Jena)
Lincoln General Hospital (Ruston)
Lincoln Parish Title One Family Resource Center (Ruston)
Louisiana Association of United Ways (New Orleans)
Louisiana Cancer Foundation (Monroe)
Louisiana Center for the Blind, Inc. (Ruston)
Louisiana Delta Community College (Monroe)
Louisiana Dept. of Labor - Northeast Louisiana (Monroe)
Louisiana Purchase Council (Monroe)
LSU AgCenter, St. John Parish (Edgard)
Mental Health Counselor in Private Practice (Lafayette)
Morehouse Cancer Fund (Bastrop)
Motivation Education & Training (Winnsboro)

North Central Alliance Partners in Prevention (Ruston)
 Northeast Louisiana Autism Society (Monroe)
 Northeast Louisiana Delta Community Development Corporation (Tallulah)
 Northeast Sickle Cell Anemia Foundation (Monroe)
 Office of Homeland Security Emergency Preparedness (West Monroe)
 Opelousas Developmental Center Volunteers (Opelousas)
 Opportunities Industrialization Center (Monroe)
 Ouachita Council on Aging Inc./AAA (Monroe)
 Ouachita Parish Police Jury (Monroe)
 Patient's Choice Hospice (Monroe)
 Prevent Child Abuse of Louisiana (Monroe)
 Richland Voluntary Council on Aging, Inc. (Rayville)
 Rivercity Professional Counseling Services (Monroe)
 Seven County Services, Inc. Crisis & Information Center (Louisville)
 St. John Parish (Reserve)
 St. John United Way (Reserve)
 St. Landry Parish Sheriff Department (Opelousas)
 St. Landry-Evangeline United Way (Opelousas)
 St. Landry-Evangeline Sexual Assault Center (Opelousas)
 St. Martin Council on Aging, Inc. (Breaux Bridge)
 The ARC of Morehouse (Bastrop)
 The Baton Rouge Crisis Intervention Center, Inc. (Baton Rouge)
 The Louisiana Family Recovery Corps (Baton Rouge)
 The Salvation Army (Lafayette)
 The Wellspring (Monroe)
 Town of Olla (Olla)
 Twin Cities Early Head Start (Monroe)
 Twin City Athletic Association (Monroe)
 United Way 2-1-1 (Monroe)
 United Way for the Greater New Orleans Area (New Orleans)
 United Way of Acadiana (Lafayette)
 United Way of Central Louisiana (Alexandria)
 United Way of Northeast Louisiana (Monroe)
 United Way of Northwest Louisiana (Shreveport)
 United Way of St. Charles (Luling)
 United Way of Washington Area (Bogalusa)
 VIA LINK (New Orleans)
 Volunteer Center of Southwest Louisiana (Lake Charles)
 Volunteers of America (Lafayette)
 Volunteers of America (Monroe)
 West Carroll Chamber of Commerce (Oak Grove)
 West Ouachita Senior Center (West Monroe)

YMCA of Northeast Louisiana (Monroe)

MAINE

United Way of Eastern Maine (Bangor)

United Way of Greater Portland (Portland)

United Way of Kennebec Valley (Augusta)

United Way of Mid Coast Maine (Bath)

United Way of Mid-Maine, Inc. (Waterville)

United Way of Oxford County (Paris)

United Way of York County (Kennebunk)

MARYLAND

2-1-1 Task Force of Maryland (Baltimore)

Boy Scouts of America, National Capital Area Council (Bethesda)

Charles County Cooperative Ministry on Aging, Inc. (La Plata)

Charles County Freedom Landing Inc. (La Plata)

Chesapeake Helps! (Wye Mills)

FIRN (Columbia)

Gale Houses, Inc. (Frederick)

Goodwill Industries of Monocacy Valley, Inc. (Frederick)

Jewish Council for the Aging (Rockville)

Jewish Information and Referral Service (Baltimore)

Jewish Information and Referral Service of Greater Washington (Rockville)

Life Crisis Center, Inc. (Salisbury)

Lions Camp Merrick, Inc. (Waldorf)

Maryland State Association of United Ways (Baltimore)

Mental Health Association of Frederick County (Frederick)

Southern Maryland Tri-County Community Action Committee, Inc. (Hughesville)

Spring Dell Center, Inc. (La Plata)

The Arc of Frederick County (Frederick)

The Department of Veterans Affairs (Baltimore)

The Humane Society of Charles County, Inc. (Waldorf)

The Jude House Inc. (La Plata)

Tri-County Youth Services Bureau, Inc. (Waldorf)

United Way of Calvert County (Prince Frederick)

United Way of Central Maryland (Baltimore)

United Way of Charles County (La Plata)

United Way of Frederick County (Frederick)

United Way of North Capital Area (Silver Spring)

United Way of Washington County (Hagerstown)

Washington County Community Partnership for Children and Families (Hagerstown)

MASSACHUSETTS

A Place To Turn (Natick)
Acton-Boxborough United Way (Acton)
Bread of Life (Malden)
Catholic Charitable Bureau of the Archdiocese of Boston (Boston)
Citizens' Housing and Planning Association (Boston)
Federated Dorchester Neighborhood Houses, Inc. (Dorchester)
Harvard Square Churches Meal Program (Cambridge)
HESSCO Elder Services (Sharon)
Hyde Park Emergency Food Pantry (Hyde Park)
Malden Department of Human Services (Malden)
Marlborough Community Services, Inc. (Marlborough)
Massachusetts Association of Information and Referral Services (Boston)
Massachusetts Communities Action Network (Boston)
Middlesex Human Service Agency, Inc. (Waltham)
Morgan Memorial Goodwill Industries (Boston)
North Shore United Way (Beverly)
One Family, Inc. (Boston)
Project Hope (Roxbury)
Roxbury Multi Service Center (Roxbury)
Sojourner House, Inc. (Roxbury)
Somerville Homeless Coalition, Inc. (Somerville)
Southeastern Massachusetts SER-Jobs for Progress, Inc. (Fall River)
The Arc of Northern Bristol County (Attleboro)
The Medical Foundation (Dorchester)
Tri-Valley Elder Services (Dudley)
United South End Settlements (Boston)
United Way of Central Massachusetts (Worcester)
United Way of Greater Fall River (Fall River)
United Way of Massachusetts Bay (Boston)
United Way of Merrimack Valley (Lawrence)
United Way of North Central Massachusetts (Athol)
United Way of Tri-County (Natick)

MICHIGAN

2-1-1 of Ottawa County (Grand Haven)
ACCESS of West Michigan (Grand Rapids)
Advocacy Services for Kids (Kalamazoo)
Allegan County United Way and Volunteer Center (Allegan)
American Red Cross - West Shore Chapter (Manistee)
American Red Cross, South Central Michigan (Jackson)
Bay Area Family YMCA (Bay City)

Bay Area Women's Center (Bay City)
Bay County Health Department (Bay City)
BETTER TOMORROWS (Kalamazoo)
Big Brothers Big Sisters A Community of Caring (Kalamazoo)
Big Brothers Big Sisters, Hillsdale County Programs (Hillsdale)
Blue Cross Blue Shield of Michigan (Detroit)
Camp Fire USA West Michigan Council (Grand Rapids)
Capital Area United Way (East Lansing)
Cass County Human Services Coordinating Council (Cossopolis)
Central Michigan 2-1-1 (Jackson, MI)
Charles A. Boyer, Inc. (Lansing)
Charles H. Wright Museum of African American History (Detroit)
Clinton County Family Resource Center (St. Johns)
Community Access Line of the Lakeshore (Muskegon Heights)
Community AIDS Resources and Education Services (CARE) (Kalamazoo)
Community Assistance Program and Services (Jackson)
Community Healing Centers (Kalamazoo)
Detroit Area Agency on Aging (Detroit)
Detroit Regional Chamber (Detroit)
Detroit Wayne County Health Authority (Detroit)
Dove Health Alliance (Jackson)
Epilepsy Foundation of Michigan (Southfield)
Fab-Lite, Inc. (Manistee)
First Call For Help of Southwest Michigan (Benton Harbor)
Gratiot County Community Foundation (Ithaca)
Greater Kalamazoo United Way (Kalamazoo)
Gryphon Place 2-1-1 (Kalamazoo)
Guardian Finance and Advocacy Services (Battle Creek)
Hear My Voice, Protecting Our Nation's Children (Ann Arbor)
Heart of West Michigan United Way (Grand Rapids)
Henry Ford Wyandotte Hospital (Wyandotte)
Hillsdale County Community Foundation (Hillsdale)
Holy Trinity Church (Manistee)
Housing Resources, Inc. of Kalamazoo County (Kalamazoo)
Housing Services for Eaton County (Charlotte)
Huron Valley Ambulance (Ann Arbor)
Infection Control Services - St. John Hospital (Gross Pointe Woods)
International Detroit Black Expo, Inc. (Detroit)
Jackson County (Jackson)
Jackson County 2-1-1 (Jackson)
Jackson District Library (Jackson)
Kalamazoo County Family YMCA (Kalamazoo)

Kalamazoo County Multi-Purpose Collaborative Body (MPCB) (Kalamazoo)
Kent Regional 4C (Grand Rapids)
King's Kupboard Food Pantry (Hillsdale)
Lakeland Recreation Association (Manistee)
Legacy Associates Foundation (Detroit)
Legal Services of South Central Michigan (Ann Arbor)
Lenawee United Way and Volunteer Center (Adrian)
LifeWays (Jackson, MI)
LifeWays MCO (Jackson)
Listening Ear Crisis Center (Mt. Pleasant)
Livingston County United Way (Brighton)
Macomb Homeless Coalition (Clinton Township)
Manistee ISD (Manistee)
Manistee Market Northwestern Bank (Manistee)
Manistee Teachers Association (Manistee)
Mercy Memorial (Monroe)
Michigan 2-1-1 Collaborative (Grand Rapids)
Michigan Association of Information and Referral Systems (Grand Rapids)
Michigan Association of United Ways (Lansing)
Michigan Council on Crime and Delinquency (Lansing)
Michigan League for Human Services (Lansing)
Michigan Nonprofits Association (Lansing)
Michigan Region 7 Medical Bio-Defense Network (Traverse City)
Mobile Meals, Inc. (Charlotte)
Morton Salt, Manistee Facility (Manistee)
MRC Industries, Inc. (Kalamazoo)
Region 2 South Medical Bio-Defense Network (Wayne County)
Residential Opportunities, Inc. (Kalamazoo)
Samaritan Place Transitional Shelter for Homeless Women with Children (Hillsdale)
Senior Services, Inc. (Kalamazoo)
Senior Volunteer and Intergenerational Programs: Area Agency on Aging (St. Joseph)
South Central Michigan Works! (Hillsdale)
South End Community Outreach Ministries (SECOM) (Grand Rapids)
Southwest Michigan Community Action Agency (Benton Harbor)
St. Joseph County United Way (Centreville)
St. Peter's Free Clinic of Hillsdale County, Inc. (Hillsdale)
The Gail R. Schoenbach F.R.E.E.D. Foundation (Jackson)
The Information Center, Inc. (Taylor)
The Manistee Area Chamber of Commerce (Manistee)
The Salvation Army (Kalamazoo)
Third Level Crisis Intervention Center, Inc. (Traverse City)
Trinity Lutheran Church (Hillsdale)

United Church Outreach Ministry (Grand Rapids)
United Way for Southeastern Michigan (Detroit)
United Way of Bay County (Bay City)
United Way of Gratiot County (Alma)
United Way of Greater Niles (Niles)
United Way of Ionia County (Ionia)
United Way of Jackson County (Jackson)
United Way of Manistee County (Manistee)
United Way of Midland County (Midland)
United Way of Monroe County, Inc. (Monroe)
United Way of Northeast Michigan (Alpena)
United Way of Southwest Michigan (Benton Harbor)
United Way of the Lakeshore (Muskegon)
United Way of Wexford County (Cadillac)
UPCAP Services, Inc./U.P. 2-1-1 (Escanaba)
Upjohn Institute (Kalamazoo)
USDA, Rural Development (Flint)
Van Buren Public Safety (Bellevue)
Visiting Nurse Association of Southeast Michigan (Oak Park)
Volunteer Center of Greater Kalamazoo
Washtenaw 211 (Ann Arbor)
Washtenaw United Way (Ann Arbor)
West Shore Medical Center (Manistee)

MINNESOTA

Channel One Food Bank & Food Shelf (Rochester)
Dyslexia Institute of MN / Reading Center (Rochester)
Fergus Falls United Way (Fergus Falls)
First Call 211/Grand Rapids (Grand Rapids)
Greater Twin Cities United Way (Minneapolis)
Hutchison Area United Way (Hutchison)
Interfaith Hospitality Network of Greater Rochester (Rochester)
Jewish Family Services (St. Paul)
LeSueur Area United Way (LeSueur)
Mayo Clinic (Rochester)
Resources, Inc. (St. Paul)
Rochester Public Library (Rochester)
Semcac (Rushford)
Tri-Valley Opportunity Council (Crookston)
United Way of Bemidji Area (Bemidji)
United Way of Central Minnesota (St. Cloud)
United Way of Greater Duluth (Duluth)

United Way of New Ulm (New Ulm)
United Way of Olmsted County (Rochester)
United Way of Southwest Minnesota (Marshall)
United Way of St. Croix Valley (St. Croix Valley)
United Way of the Redwood Area (Redwood Falls)

MISSISSIPPI

American Red Cross Central Mississippi Chapter, Jackson
Bethlehem Center, Inc. (Jackson)
Boys & Girls Clubs of Jackson and George Counties (Moss Point)
Christians in Action, Inc. (Jackson)
Clinton YMCA (Clinton)
Community Action Agency (Jackson)
Daylight Ministries (Jackson)
DNA Services of America (Jackson)
Downtown YMCA (Jackson)
Flowood YMCA (Flowood)
Gulf Coast Women's Center for Nonviolence, Inc. (Biloxi)
Health & Handicapped Services (Pascagoula)
Hope House, Inc. (Lee's Summit)
I.S. Sanders YMCA (Jackson)
Jackson County Emergency Management (Jackson)
Jackson County Literacy Council, Inc. (Pascagoula)
Mississippi Center for Non-Profits (Jackson)
Public Policy Center of Mississippi (Jackson)
Reservoir YMCA (Brandon)
Stewpot Community Services, Inc. (Jackson)
The Center for Violence Prevention (Pearl)
The Family Support Center of Metro Jackson,. Inc. (Jackson)
United Way for Jackson & George Counties (Pascagoula)
United Way of East Mississippi & West Alabama (Meridian)
United Way of Greater Monroe County (Monroe)
United Way of North Central Mississippi (Starkville)
United Way of Northeast Mississippi (Tupelo)
United Way of South Mississippi (Gulfport)
United Way of the Capital Area (Jackson)
United Way of the Greater Miss-Lou (Natchez)
United Way of West Central Mississippi (Vicksburg)
Work Services, Inc. (Jackson)
YMCA Copiah County Adolescent Opportunity Program (Crystal Springs)
YMCA Families First Resource Center (Jackson)
YMCA Lincoln County Adolescent Opportunity Program (Brookhaven)

YMCA of Metropolitan Jackson (Jackson)
YMCA Rankin County Adolescent Opportunity Program (Brandon)

MISSOURI

Bi-County United Way of Cass & Jackson, Inc. (Independence)
Carthage Area United Way, Inc. (Carthage)
Catholic Charities of Kansas City-St. Joseph, Inc. (Kansas City)
DNA Services of America (Independence)
Guadalupe Centers, Inc. (Kansas City)
Lutheran Family and Children's Services of MO (Cape Girardeau)
National Council on Alcoholism and Drug Dependence of Greater Kansas City (Kansas City)
National Council on Alcoholism and Drug Dependence of Greater Kansas City (Kansas City)
Shiawassee Area Transportation Agency (SATA) (Owosso)
The Voluntary Action Center of Columbia (Columbia)
The Whole Person, Inc. (Kansas City)
United Way of Greater St. Louis, Inc. (St. Louis)
United Way of Johnson County (Belton)
United Way of Southeast Missouri (Cape Girardeau)
United Way of the Mark Twain Area (Hannibal)

MONTANA

2-1-1/First Call For Help (Missoula)
Belgrade Senior Center (Belgrade)
Big Brothers Big Sisters of Butte Silver Bow (Butte)
Bozeman Senior Center (Bozeman)
Caring Foundation of Montana, Inc. (Helena)
Gallatin City-County Health Department (Bozeman)
Greater Gallatin United Way (Bozeman)
Livingston Food Pantry of Park County (Livingston)
Safe Space Domestic Violence and Sexual Assault Program (Butte)
Sexual Assault Counseling Center (Bozeman)
Sixth Judicial District CASA/GAL Program Inc. (Livingston)
The Help Center (Bozeman)
The Network Against Sexual and Domestic Abuse (Bozeman)
THRIVE (Bozeman)
United Way of Butte and Anaconda (Butte)
United Way of Missoula County (Missoula)

NEBRASKA

A Woman's Touch Pregnancy Counseling Center (Bellevue)
Advocates For Justice, Inc. (Beatrice)
Aging Office of Western Nebraska (Scottsbluff)

American Council of the Blind of Nebraska (Lincoln)
American Council of the Blind of Nebraska (Omaha)
American Red Cross, Central Plains Chapter (Grand Island)
Arc of Lincoln/Lancaster County (Lincoln)
Asian Community and Cultural Center (Lincoln)
Behave'n Community Services, Inc. (Omaha)
Bellevue Ministerial Assn Food Pantry (Bellevue)
Better Living Counseling Services, Inc. (Omaha)
Big Brothers Big Sisters of Fremont (Fremont)
Big Brothers Big Sisters of Grand Island (Grand Island)
Big Brothers Big Sisters of the Midlands (Omaha)
Big Pals-Little Pals (Columbus)
Blue Valley Community Action Partnership (David City)
Boys & Girls Clubs of Omaha (Omaha)
Boys Town Intensive Residential Treatment Center (Omaha)
Brodstone Memorial Hospital (Superior)
Buckboard Therapeutic Riding Academy (Gering)
Caregiver Support Services (Omaha)
CASA Connection (Columbus)
CASA For Lancaster County (Lincoln)
Catholic Charities (Columbus)
Catholic Charities (Omaha)
Center for People in Need, Inc. (Lincoln)
CenterPointe, Inc. (Lincoln)
Central District Health Department (Grand Island)
Child Care Solutions (Grand Island)
Child Guidance Center (Lincoln)
CISDA (Crete)
Columbus Area United Way (Columbus)
Columbus Collaborative Team (Columbus)
Community Action Partnership of Mid-Nebraska (Kearney)
Community Blood Bank (Lincoln)
Community Health Charities of Nebraska (Lincoln)
Community Health Charities of Nebraska (Omaha)
Cornhusker United Way (Crete)
Cozad United Way, Inc. (Cozad)
Dawson County Emergency Management (Lexington)
Dawson County Sheriff's Office (Lexington)
DESI/Job Corps (Norfolk)
Dimensions Educational Research Foundation (Lincoln)
Disabled American Veterans, MacArthur Chapter #2 (Omaha)
East Central District Health Department (Columbus)

Easter Seals of Nebraska (Omaha)
Eastern Nebraska Office on Aging (Omaha)
Experience Works, Inc. (Crete)
Family Housing Advisory Services, Inc. (Omaha)
Family Resource Center (Beatrice)
Family Service Association of Lincoln (Lincoln)
Family Service of Lincoln (Lincoln)
Fillmore County Senior Services (Geneva)
Food Bank of Lincoln (Lincoln)
Fresh Start, Inc. (Lincoln)
Friendship Home (Lincoln)
Girl Scouts Goldenrod Council, Inc. (Kearney)
Girls and Boys Town National Hotline (Boystown)
Goldstar Institute (Omaha)
Good Neighbor Ministries Inc. (Omaha)
Goodwill Industries of Greater Nebraska (Grand Island)
Grand Island Public Schools (Grand Island)
Greater Omaha Community Action (Omaha)
Habitat for Humanity (Omaha)
Hamilton Co.Senior Services Inc. (Aurora)
Hastings Family YMCA (Hastings)
Haven House (Wayne)
Head Start CFDP Inc. (Hastings)
Heartland Big Brothers Big Sisters (Lincoln)
Heartland CASA (Grand Island)
Heartland Equine Therapeutic Riding Academy (Valley)
Heartland United Way (Grand Island)
Hope Medical Outreach Coalition (Omaha)
HSC&FDP, Inc. (Hastings)
Human Services Federation (Lincoln)
Hunting Isle, Inc. dba Comfort Keepers (Omaha)
Legal Aid of Nebraska (Omaha)
Lexington Housing Authority (Lexington)
Lexington United Way (Lexington)
Lincoln Area Agency on Aging (Lincoln)
Lincoln Family Medicine Program (Lincoln)
Lincoln Housing Authority (Lincoln)
Lincoln Medical Education Partnership (Lincoln)
Lincoln/Lancaster County Human Services Federation (Lincoln)
Lincoln-Lancaster County Health Department (Lincoln)
Lutheran Family Services (Omaha)
Lutheran Family Services of Nebraska, Inc. (Lincoln)

Maternal Care Program, UNMC (Omaha)
Matt Talbot Kitchen & Outreach (Lincoln)
Metropolitan Community College (Omaha)
Mid-Rivers Chapter, American Red Cross (Hastings)
Mission For All Nations (Omaha)
Mother to Mother Ministry of Beatrice Area, Inc. (Beatrice)
NAF Multicultural Human Development Corp. (Lincoln)
Nebraska AgrAbility & Easter Seals Nebraska (Hastings)
Nebraska Commission for the Blind and Visually Impaired (Omaha)
Nebraska Commission for the Blind and Visually Impaired (Scottsbluff)
Nebraska Department of Insurance (Lincoln)
Nebraska Equal Opportunity Commission (Lincoln)
Nebraska Food Bank Network, Inc. (Omaha)
Nebraska Hospice and Palliative Care Partnership (Lincoln)
Nebraska State Senator Ray Aguilar (Grand Island)
Nebraska Workforce Development (Columbus)
Nebraska Workforce Development, Department of Labor (Holdrege)
Odyssey Healthcare (Omaha)
Omaha Home for Boys (Omaha)
Omaha Public Library (Omaha)
Omaha Salvation Army (Omaha)
Omaha/Douglas County Victim Assistance Unit (Omaha)
Overland Trails Council, Boy Scouts of America (Grand Island)
Pacific Pals Inc. (Omaha)
Panhandle Community Services (Gering)
Parent to Parent Network (Norfolk)
Planned Parenthood of Nebraska & Council Bluffs (Lincoln)
Polk County Senior Services (Stromsburg)
Providence Medical Center (Wayne)
PTI Nebraska (Omaha)
Pumpkin Patch Child Care Center (Kearney)
Rainbow Center, Inc. (Lincoln)
Region III Behavioral Health Services (Kearney)
Riggins & Burger Counseling Services (Fremont)
Safe Kids Tri-Cities (Grand Island)
Saint Francis Medical Center (Grand Island)
Salvation Army, Western Division-Central Territory (Omaha)
SASA Crisis Center (Hastings)
Scotts Bluff County Health Department (Gering)
Service Learning Academy (Omaha)
Seward County CASA (Seward)
SHARE Iowa (Bellevue)

Siena/Francis House (Omaha)
Sierra Club (Omaha)
St. Stephen's Episcopal Church (Grand Island)
State of NE/Vocational Rehabilitation (Scottsbluff)
Swift and Company (Grand Island)
T&L Recovery LLC (Hastings)
TeamMates Mentoring Program- Columbus Area Chapter (Columbus)
Tender Transitions (Omaha)
The Friends Program (Kearney)
The Mediation Center (Lincoln)
The Neighborhood Center for Greater Omaha (Omaha)
Third City Community Clinic (Grand Island)
Together Inc. (Omaha)
Truth and Dignity Christian Ministries (Omaha)
Turner Events and Marketing (Omaha)
United Way of Lincoln and Lancaster County (Lincoln)
United Way of South Central Nebraska (Hastings)
United Way of the Midlands (Omaha)
University of Nebraska Public Policy Center (Lincoln)
University of Nebraska-Lincoln (Lincoln)
Urban League of Nebraska, Inc. (Omaha)
Visinet, Inc. (Omaha)
Visiting Nurse Association (Omaha)
Voices for Truth and Dignity, Inc. (Omaha)
Volunteer Partners (Lincoln)
Wayne United Way (Wayne)
Weld County Regional Communications Center
Woods Charitable Fund, Inc. (Lincoln)
YWCA Lincoln (Lincoln)
YWCA of Grand Island (Grand Island)

NEVADA

State of Nevada Department of Health and Human Services, Division for Aging Services (Reno)
United Way of Northern Nevada and the Sierra (Reno)
United Way of Southern Nevada (Las Vegas)
Washoe County Emergency Management (Reno)

NEW HAMPSHIRE

AIDS Services for the Monadnock Region (Gilsum)
American Red Cross NH West Chapter (Keene)
Big Brothers Big Sisters of the Monadnock Region (Keene)
Cheshire Medical Center / Dartmouth-Hitchcock Keene (Keene)

Heritage United Way (Manchester)
Keene Family YMCA (Keene)
Keene Senior Center (Keene)
Lakes Region United Way (Laconia)
Monadnock Community Early Learning Center (Peterborough)
Monadnock Community Hospital (Peterborough)
Monadnock United Way (Keene)
North Country United Way (Littleton)
Southwestern Community Services, Inc. (Keene)
The Samaritans, Inc. (Keene)
United Way of Greater Nashua (Nashua)
United Way of Merrimack County (Concord)
United Way of Northern NH (Berlin)
United Way of Sullivan County (Claremont)
United Way of the Greater Seacoast (Portsmouth)
Upper Valley United Way (Lebanon)

NEW JERSEY

2-1-1 First Call For Help, Inc. (Parsippany/Morris)
2-1-1 Helpline Hunterdon County (Hunterdon)
2-1-1 Helpline Monmouth County (Monmouth)
2-1-1 Helpline Somerset County (Somerset)
Ada Budrick (Boonton/Morris)
Alcove Center for Grieving Children and their Families (Norfield)
American Red Cross of Greater Somerset County (Somerville)
American Red Cross of Metropolitan NJ (Fairfield)
AtlantiCare Behavioral Health (Egg Harbor Township)
Big Brothers Big Sisters of Hunterdon and Somerset Counties (Clinton)
Big Brothers Big Sisters of Morris County (Parsippany/Morris)
Boy Scouts of America – Central NJ Council (Monmouth Junction)
Boy Scouts of America, Jersey Shore Council (Egg Harbor Township)
Catholic Charities (Hackensack/Bergen)
Center for Traumatic Grief and Victims Services (Moorestown)
Child Assault Prevention of Monmouth County, Inc. (Matawan)
Children on the Green (Morristown/Morris)
Coastal Habitat for Humanity (Wall)
Community Soup Kitchen (Morristown/Morris)
ConForcare Senior Services T & ADTR Companion Services (Boonton/Morris)
CONTACT 2-1-1 of Burlington County (Moorestown)
CONTACT We Care (Westfield)
DAWN, Inc. (Wharton/Morris)
Dress for Success Morris County (Madison/Morton)

Embarq (Clinton)
 Employment Horizons (Cedar Knolls/Morris)
 Family & Children's Service (Long Branch)
 Family and Community Services of Somerset County (Bound Brook)
 Family Connections (Orange)
 Family Service Association (Egg Harbor Township)
 Family Service League, Inc. (Montclair)
 Family Service of Morris County (Morristown/Morris)
 Family Service of Morris County/ Time Out Adult Care Center - Succasunna (Succasunna)
 First Call For Help, Inc. (Parsippany)
 FISH Hospitality Program Inc. (Dunellen)
 Fisherman's Mark (Lambertville)
 FOCUS Hispanic Center for Community Development, Inc. (Newark)
 Food Bank Network of Somerset County (Bound Brook)
 Fras-Air Contracting (Manville)
 Gateway Northwest Maternal and Child Health Network (Newark/Morristown)
 Ginsberg Communications (Moorestown)
 Girl Scout Council of Greater Essex and Hudson Counties (Montclair)
 Girl Scouts – Rolling Hills Council (North Branch)
 Girl Scouts of the Washington Rock Council (Westfield)
 Head Start Community Program of Morris County, Inc. (Dover/Morris)
 Homeless Solutions, Inc. (Morristown/Morris)
 Hope House (Dover/Morris)
 Hunterdon County Chamber of Commerce (Lebanon)
 Hunterdon Drug Awareness Program (Flemington)
 Hunterdon Helpline 2-1-1 (Flemington)
 Hunterdon Hospice (Flemington)
 Hunterdon Prevention Resources (Flemington)
 Info Line of Central Jersey (Milltown)
 Institute for Human Development (Atlantic City)
 Interfaith Council for Homeless Families (Morristown/Morris)
 Interfaith Food Pantry (Morristown/Morris)
 Interfaith Hospitality Network of Hunterdon County (Flemington)
 Interfaith Hospitality Network of Somerset County (Somerville)
 JCC Greater Monmouth County (Deal Park)
 Jefferson Child & Education Center (Jefferson/Morris)
 Jersey Battered Women's Service, Inc. (Morristown/Morris)
 Jewish Community Center of Middlesex County (Edison)
 Jewish Family Service of Atlantic and Cape May Counties (Margate)
 Jewish Family Service of Somerset, Hunterdon & Warren Counties (Somerville)
 Johnson & Johnson Health Care Systems (Piscataway)
 Jointure for Community Adult Education, Inc. (Raritan)

LADACIN Network (Wanamassa)
Leadership Somerset Class of 2006 (Somersville)
Learning Gate (Raritan)
Literacy Volunteers Association Cape-Atlantic, Inc. (Pleasantville)
Literacy Volunteers of Hunterdon County (Flemington)
Literacy Volunteers of Monmouth County (Long Branch)
Literacy Volunteers of West Hudson, Inc. (Kearny)
Long Branch Concordance (Long Branch)
Madison Area YMCA (Madison/Morris)
Martin Luther King Youth Center (Bridgewater)
Mental Health Association of Essex County, Inc. (Montclair)
Mental Health Association of Morris County, Inc. (Mountain Lakes/Morris)
Middle Earth (Bridgewater)
Middlesex County Recreation Council Kiddie Keep Well Camp (Edison)
Middlesex Interfaith Partners with the Homeless (New Brunswick)
Monmouth County Dept. of Human Services (Freehold)
Monmouth Neighborhood Housing, Inc. DBA Manna House (Cliffwood Beach)
Morris Area Girl Scout Council (Randolph/Morris)
Morristown Memorial Hospital, Dept of Community Health (Morristown/Morris)
National Starch & Chemical Company (Bridgewater)
New Creations in Christ, Inc. (Shrewsbury)
New Jersey Association on Correction (Newark)
New Jersey Tournament of Champions (Freehold)
Newark Community Health Centers, Inc. (Newark)
Newark Day Center (Newark)
NewBridge Services, Inc. (Morris)
NORWESCAP (Wharton/Morris)
Plainfield Area YMCA (Plainfield)
Prevention First (Ocean)
Project Paul (Keensburg)
Raritan Valley Habitat for Humanity (Bridgewater)
Resource Center for Women and Their Families of Somerset County (Bridgewater)
Round Valley Youth Center (Lebanon)
Shirley Eves Developmental and Therapeutic Center (Millville)
Social Service Association of Ridgewood & Vicinity (Ridgewood)
Somerset County Coalition on Affordable Housing (Raritan)
Somerset County School District (Somerset)
Somerset County United Way (Bridgewater)
Somerset County Vocational Technical High School (Bridgewater)
Somerset Home for Temporarily Displaced Children (Bridgewater)
Somerset Savings Bank (Bound Brook)
St. Mary's Hospital (Passaic)

St. Mary's Hospital (Pompton)
The Arc of Middlesex County (North Brunswick)
The Arc of Monmouth (Tinton Falls)
The Arc of Somerset, Inc. (Manville)
The Community YMCA Family Service (Matawan)
The Epilepsy Foundation of New Jersey
The Jewish Family Service of MetroWest (Florham Park)
The Newark Museum (Newark)
Township of Montgomery (Montgomery Township)
United Way of Atlantic County (Galloway)
United Way of Bloomfield (Bloomfield)
United Way of Burlington County (Moorestown)
United Way of Central Jersey (Milltown)
United Way of Essex and West Hudson (Newark)
United Way of Greater Mercer County (Lawrenceville)
United Way of Hudson County's 2-1-1 (Jersey City)
United Way of Hunterdon County (Flemington)
United Way of Monmouth County (Farmingdale)
United Way of Morris County (Cedar Knolls/ Morris)
United Way of Ocean County (Toms River)
United Way of Passaic County (Paterson/Passaic)
United Way of Summit, New Providence and Berkeley Heights (New Providence)
Valley Settlement House (West Orange)
Visiting Health & Supportive Services (Flemington)
Visiting Nurse Association of Central Jersey, Inc. (Red Bank)
Volunteer Guardianship One-on-One (Flemington)
Warren Township (Warren Township)
Women's Crisis Services (Flemington)
YMCA of Hunterdon County (Flemington)
YWCA of Central New Jersey (Plainfield)

NEW MEXICO

United Way of Central New Mexico (Albuquerque)
United Way of Eastern New Mexico (Clovis)
United Way of Lea County, Inc. (Hobbs)
United Way of Otero County (Alamogordo)
United Way of Santa Fe County, Inc. (Santa Fe)

NEW YORK

2-1-1 New York Collaborative (Schenectady)
65+ Help Desk LLC (New York)
ABVI-Goodwill Industries of Greater Rochester, Inc. (Rochester)

Alexander Rapaport Of Masbia (Brooklyn)
American Red Cross, Tompkins County Chapter (Ithaca)
Association for Senior Citizens (Poughkeepsie)
Astor Home for Children (Rhinebeck)
Catharine Street Community Center (Poughkeepsie)
Central Referral Services, Inc. (Buffalo)
Child Care Council of Dutchess, Inc. (Poughkeepsie)
Child Development and Parent Resource Center, Inc. (Seneca Falls)
Citizens Advice Bureau (Bronx)
City Federation of Women's Organizations (Ithaca)
Community Family Development, Inc. (Poughkeepsie)
Covenant House (New York)
Covenant House International (New York)
DOROT, Inc. (New York)
Elting Memorial Library (New York)
Family and Children's Service of the Capital Region, Inc. (Albany)
Family Services, Inc. (Poughkeepsie)
Finger Lakes Independence Center (Ithaca)
Human Services Coalition of Tompkins County, Inc. (Ithaca)
Institute for Human Services, Inc. (Bath)
Literacy Connections (Poughkeepsie)
Meals on Wheels Programs & Services of Rockland, Inc. (Nanuet)
Mediation Center of Dutchess County, Inc. (Poughkeepsie)
Mid-Hudson Addiction Recovery Centers, Inc. (Poughkeepsie)
Mid-Hudson Children's Museum (Poughkeepsie)
New York State Alliance of Information and Referral Systems (NYS AIRS) (New York)
New York State Child Care Coordinating Council (Albany)
North East Community Center (Millerton)
Project Read/Madison County Adult Literacy
Rehab Programs, Inc. (Poughkeepsie)
Resources for Children with Special Needs, Inc. (New York)
Retired and Senior Volunteer Program (Moorehead)
Retired and Senior Volunteer Program of Rockland County (Spring Valley)
Rockland County Council for Senior Citizens, Inc. (Thiells)
Rockland County Foster Grandparent Program (Thiells)
Rockland Family Shelter (New York)
The Community Playgroup (Piermont)
The Girl Scouts of Dutchess County (Poughkeepsie)
The Mental Health Association of NYC (New York)
The Parent Network of WNY (Buffalo)
The United Way of Buffalo & Erie County (Buffalo)
Tompkins County Office for the Aging (Ithaca)

United Water New York (New York)
United Way of Broome County, Inc. (Binghamton)
United Way of Clinton & Essex Counties, Inc. (Plattsburgh)
United Way of Dutchess County (Poughkeepsie)
United Way of Greater Rochester (Rochester)
United Way of Long Island (Long Island)
United Way of New York City (New York)
United Way of New York State (Albany)
United Way of Niagara (Niagara Falls)
United Way of Rockland County (Nyack)
United Way of Seneca County (Seneca Falls)
United Way of Southern Chautauqua County (Jamestown)
United Way of the Southern Tier (Corning)
United Way of Westchester and Putnam (Putnam)
VCS Inc. (New York)
Waterloo Library and Historical Society (Waterloo)
YAI/NIPD (New York)
Young Rhinebeck (Rhinebeck)

NORTH CAROLINA

A Helping Hand (Chapel Hill)
AIDS Leadership Foothills-area Alliance (Hickory)
Albemarle Area United Way (Elizabeth City)
Alternative Community Penalties Program, Inc. (Gastonia)
American Lung Association of North Carolina (Raleigh)
American Red Cross Robeson County Branch (Lumberton)
American Red Cross, Catawba Valley Chapter (Hickory)
American Red Cross, High Point-Thomasville Chapter (High Point)
American Red Cross, Northwest North Carolina Chapter (Winston-Salem)
American Red Cross-Henderson County Chapter (Henderson)
Arc of Gaston County (Gastonia)
Arc of Rowan County (Salisbury)
Asheville Area Habitat for Humanity, Inc. (Asheville)
Asheville-Buncombe Education Coalition (Asheville)
ASI - Axiom Services, Inc. (Raleigh)
Bank of North Carolina (Salisbury)
Belmont Community Organization (Belmont)
Big Brothers Big Sisters of the Triangle, Inc. (Durham)
Boys & Girls Club of Lumberton - Robeson County (Lumberton)
Brian Center Weaverville (Weaverville)
Brick Capital Community Development Corporation (Sanford)
Buncombe County Board of Commissioners (Asheville)

Buncombe County Health Center (Asheville)
Burke County United Way (Morganton)
Cancer Services, Inc. (Winston-Salem)
Cape Fear Area United Way (Wilmington)
CarePartners MountainCARE (Asheville)
Catawba County Partnership for Children (Hickory)
Catawba County Social Services (Newton)
Child Advocacy Commission (Durham)
Children First of Buncombe County (Asheville)
Children's Center of Transylvania County (Brevard)
Children's Resource Center (Hickory)
City of Asheville (Asheville)
Communities In Schools (CIS) of Robeson County (Lumberton)
Communities In Schools (Wilkesboro)
Communities In Schools of Lee County (Sanford)
Community Link Programs of Travelers Aid Society of Central Carolinas, Inc. (Charlotte)
Compassionate Home Care, Inc. (Hendersonville)
Consumer Credit Counseling Service of Western North Carolina, Inc. (Asheville)
Council on Aging of Buncombe County, Inc. (Asheville)
Daniel Boone Council, Boy Scouts of America (Asheville)
Davie County United Way (Mockville)
DNA Services of America Raleigh (Raleigh)
Durham PROUD Program (Durham)
Durham Regional Hospital (Durham)
Durham's Partnership for Children (Durham)
Easter Seals UCP North Carolina (Raleigh)
Eastern Catawba Cooperative Christian Ministry, Inc. (Hickory)
Empatha (Durham)
Exodus Homes (Hickory)
Family NET of Catawba County (Hickory)
Festiva Resorts (Asheville)
FIRST at Blue Ridge Inc. (Ridgecrest)
Gaston County Chapter of the American Red Cross (Gastonia)
Girl Scout Council of the Catawba Valley Area, Inc. (Hickory)
Girl Scouts Hornets' Nest Council (Charlotte)
Girl Scouts of Western North Carolina Pisgah Council (Asheville)
Guilford Child Development (Greensboro)
HealthPartners - Today and Tomorrow, Inc. (Asheville)
Heart Society of Gaston County, Inc. (Gastonia)
Hearts With Hands, Inc. (Asheville)
Helpmate, Inc. (Asheville)
High Country United Way (Boone)

Higher Ground Counseling (Brevard)
Hopeline, Inc. (Raleigh)
Hospice of Robeson (Lumberton)
Interfaith Assistance Ministry (Hendersonville)
Irene Wortham Center (Asheville)
John Avery Boys and Girls Club (Durham)
Land-of-Sky Regional Council (Asheville)
Legal Aid of North Carolina Boone Office (Boone)
Lenoir/Greene United Way (Kinston)
Lincoln County Council on Aging (Charlotte)
Literacy Council of Buncombe County (Asheville)
Literacy Council of Union County (Monroe)
MANNA FoodBank (Asheville)
Meals on Wheels of Rowan, Inc. (Salisbury)
Mecklenburg Partnership for Children (Charlotte)
Mental Health Association Of Central Carolinas, Inc. (Charlotte)
Mercy Seat Ministries (Brevard)
Mission Hospitals (Ashville)
Moses Cone-Wesley Long Community Health Foundation (Greensboro)
New Horizons (Durham)
North Carolina Association of Girl Scout Councils (Charlotte)
North Carolina Central University Department of Criminal Justice (Durham)
North Carolina Cooperative Extension Services (Durham)
North Carolina Housing Coalition (Raleigh)
North Carolina Partnership for Children, Inc. (Raleigh)
Northeastern Community Development Corporation (Camden)
Old North State Council (Greensboro)
Our VOICE, Inc. (Asheville)
Pisgah Legal Services (Asheville)
Rape Crisis Center of Robeson County (Lumberton)
Rape, Child & Family Abuse Crisis Council of Salisbury-Rowan, Inc. (Salisbury)
Retired & Senior Volunteer Program of Durham County (Durham)
Robeson County 4-H (Lumberton)
Robeson County Church and Community Center (Lumberton)
Rowan County Literacy Council, Inc. (Salisbury)
Rowan County United Way (Salisbury)
Rowan Vocational Opportunities, Incorporated (Salisbury)
Rufty-Holmes Senior Center (Salisbury)
Salvation Army Boys and Girls club (Durham)
Salvation Army Boys and Girls Club of Gaston County (Gastonia)
Smart Start of Transylvania County (Brevard)
Southeastern Family Violence Center (Lumberton)

Southeastern Home Health (Lumberton)
Southeastern Hospice (Lumberton)
Southeastern Hospice House (Lumberton)
Southeastern North Carolina Radio Reading Service, Inc. (Fayetteville)
SunCoast Custom Programming / IRis Software (Charlotte)
The Free Clinics of Henderson County (Hendersonville)
The Mediation Center (Asheville)
The United Way of Davidson County (Lexington)
Threshold (Durham)
Triangle United Way, Inc. (Morrisville)
United Way of Asheville and Buncombe County (Asheville)
United Way of Bladen County (Elizabethtown)
United Way of Catawba County (Hickory)
United Way of Central Carolinas (Charlotte)
United Way of Davidson County (Lexington)
United Way of Forsyth County, Inc. (Winston-Salem)
United Way of Gaston County (Gastonia)
United Way of Greater Greensboro (Greensboro)
United Way of Greater High Point (High Point)
United Way of Haywood County, Inc. (Waynesville)
United Way of Henderson County, Inc. (Hendersonville)
United Way of Lee County (Sanford)
United Way of Madison County (Mars Hill)
United Way of Moore County (Southern Pines)
United Way of North Carolina (Raleigh)
United Way of North Wilkesboro (Wilkesboro)
United Way of Onslow County (Jacksonville)
United Way of Pitt County (Greenville)
United Way of Robeson County (Lumberton)
United Way of Transylvania County (Brevard)
United Way of Vance County (Henderson)
United Way of Wilson County, Inc. (Lebanon)
United Way's 2-1-1 of WNC (Asheville)
Western Carolina Community Action (Hendersonville)
Western Carolinians for Criminal Justice, Inc. (WCCJ) (Asheville)
Wilkes ADAP (North Wilkesboro)
Wilkes Center for the Deaf and Hard of Hearing (North Wilkesboro)
Wilkes Senior Citizens Council, Inc. (North Wilkesboro)
Women's Resource Center (Hickory)
Women-In-Action, Inc. (Durham)

PUERTO RICO

Fondos Unidos de Puerto Rico - United Way of Puerto Rico (San Juan)

OHIO

AIDS Resource Center Ohio (Dayton)
American Heart Association, Cincinnati Metro Area (Cincinnati)
American Red Cross – Summit County Chapter (Akron)
American Red Cross of Knox County (Mt. Vernon)
American Red Cross of Medina County (Medina County)
Artemis Center for Alternatives to Domestic Violence (Dayton)
Arthritis Foundation, Northeastern Ohio Chapter (Cleveland)
Battered Women's Shelter/Rape Crisis (Medina County)
Big Brothers and Big Sisters of Summit and Medina Counties (Medina County)
Business Volunteers Unlimited (Cleveland)
Caracole, Inc. (Cincinnati)
Care Alliance Health Center (Cleveland)
CareSource Management Group (Dayton)
Catholic Charities Services (Medina County)
Catholic Charities, Diocese of Toledo (Defiance)
Cathy's House (Medina County)
Center for Community Solutions (Cleveland)
Center for Families and Children (Cleveland)
Center for Mental Retardation (Cleveland)
Children's Home of Cincinnati (Cincinnati)
Children's Hospital, Shaker Campus (Cleveland)
CHOICES, Eliminating Domestic Violence (Columbus)
Cincinnati (Cincinnati)
Cincinnati Area Senior Services (Cincinnati)
Cincinnati Union Bethel (Cincinnati)
City of Brunswick, Division of Police (Brunswick)
Columbus Urban League (Columbus)
Communities Helping Each and Everyone Reach Success (CHEERS) Inc. (Dayton)
Community Action Wayne/Medina (Medina County)
Community Counseling & Crisis Center (Oxford)
Community Reinvestment Institute Alumni Association (Dayton)
Community Shelter Board (Columbus)
Consolidated Care Inc. (West Liberty)
Dayton Community Center of Volunteers of America of Greater Ohio (Dayton)
Dayton Urban Ministry Center (Dayton)
East End Community Services Corporation (Dayton)
El Barrio/West Side Ecumenical Ministry (WSEM) (Cleveland)
El Centro de Servicios Sociales, Inc. (Lorain)
Emanuel Community Center (Cincinnati)

Epilepsy Foundation of Western Ohio (Huber Heights)
 Fairmount Day Care Center (Cincinnati)
 Faith in Action Medina County Caregivers (Medina County)
 Families FORWARD (Cincinnati)
 First Call For Help, Inc. (Napoleon)
 FIRSTLINK, Inc. (Columbus)
 Fisher/Nightingale Houses, Inc. (Wright-Patterson AFB)
 Four County Board of Alcohol, Drug and Mental Health Services (Archbold)
 Golden Age Centers of Greater Cleveland (Cleveland)
 Goodwill Industries of Greater Cleveland & East Central Ohio, Inc. (Cleveland)
 Graceworks Lutheran Services (Dayton)
 HelpLine of Delaware and Morrow Counties, Inc. (Delaware)
 Henry County American Red Cross (Napoleon)
 Hitchcock Center for Women, Inc. (Cleveland)
 Hospice of Medina County (Medina County)
 Hospice of the Western Reserve (Cleveland)
 Info Line (Akron)
 Interchurch Social Services of Knox County, Inc. (Mount Vernon)
 Jewish Community Center of Greater Columbus (Columbus)
 Jewish Community Federation of Cleveland (Cleveland)
 Jewish Family Services (Columbus)
 Jewish Vocational Service (Cincinnati)
 Karamu House, Inc. (Cleveland)
 Kidney Foundation of Medina County (Medina County)
 Lexington-Bell Community Center (Cleveland)
 Licking County United Way (Newark)
 LifeSpan, Inc. (Hamilton)
 Lorain County Alcohol and Drug Abuse Services, Inc. (Lorain)
 Maumee Valley Guidance Center (Defiance)
 Medina County Board of MRDD (Medina County)
 Medina County District Library (Medina County)
 Medina County Family First Council)rent Advisory (Medina County)
 Medina County Health Department (Medina County)
 Medina County Job & Family Services (Medina County)
 Medina County YMCA (Medina County)
 Medina General Hospital (Medina County)
 Mental Health Association of Knox County (Mount Vernon)
 Mental Health Association of Summit County, Inc. (Cuyahoga Falls)
 Mercy Connections (Cincinnati)
 Mercy Manor, Inc. (Dayton)
 Miamisburg Youth Center (Miamisburg)
 National Multiple Sclerosis Society (Cincinnati)

Nazareth Housing Development Corporation (Akron)
Neighborhood Health Care, Inc. (Cincinnati)
Neighborhood Leadership Institute (Cleveland)
NEIGHBORING: Mental Health Services (Mentor)
Northside Child Development Center (Columbus)
Northwestern Ohio Community Action Commission (Defiance)
Oberlin Early Childhood Center (Oberlin)
Ohio AIRS (Akron)
Ohio State University Extension (Medina County)
Ohio United Way (Columbus)
Pathways of Licking County (Newark)
Premier Community Health (Dayton)
Rainey Institute (Cleveland)
Scioto Paint Valley Mental Health Center (Chillicothe)
Society for Handicapped Citizens of Medina County (Medina County)
Starting Point For Child Care and Early Education (Cleveland)
Summer Reinforcement Program (Medina County)
Tender Mercies, Inc. (Cincinnati)
The Salvaton Army (Newark)
The Spencer United Methodist Church (Spencer)
The Woodlands Serving Central Ohio, Inc. (Newark)
Townhall II (Kent)
Transitional Housing, Inc. (Cleveland)
United Way of Central Ohio (Columbus)
United Way of Clinton County (Wilmington)
United Way of Defiance County (Defiance)
United Way of Delaware County, Inc. (Delaware)
United Way of Greater Cincinnati (Cincinnati)
United Way of Greater Cleveland (Cleveland)
United Way of Greater Lorain County (Lorain)
United Way of Greater Stark County (Canton)
United Way of Greater Toledo (Toledo)
United Way of Knox County Inc. (Mount Vernon)
United Way of Lake County, Inc. (Mentor)
United Way of Medina County (Medina)
United Way of Portage County, Inc. (Ravenna)
United Way of Summit County (Akron)
United Way of the Greater Dayton Area (Dayton)
United Way of Trumbull County (Warren)
United Way of Wayne and Holmes Counties (Wooster)
United Way of Wayne and Holmes Counties, Inc. (Wooster)
United Way Services of Geauga County (Chardon)

Vision and Vocational Services (Columbus)
Visiting Nurse Association HealthCare Partners of Ohio (Cleveland)
Vocational Guidance Services (Cleveland)
Wadsworth American Red Cross (Wadsworth)
Wadsworth Salvation Army (Wadsworth)
Wauseon Police Dept. (Wauseon)
We Care Arts, Inc. (Kettering)
West Side Catholic Center (Cleveland)
Western Reserve Bank (Medina County)
Westside Eastside Child Care Centers Association (Columbus)
WomenSafe, Inc. (Chardon)
Woolpert, Inc. (Dayton)
Yellow Springs Community Children's Center (Yellow Springs)
YMCA of Central Ohio (Columbus)
YMCA of Greene County (Xenia)
YWCA Columbus (Columbus)
YWCA Dayton (Dayton)
YWCA of Medina County (Medina County)

OKLAHOMA

Ada Regional United Way, Inc. (Ada)
Community Service Council of Greater (Tulsa)
HeartLine, Inc. (Oklahoma City)
Oklahoma State Association of United Ways (Norman)
Tulsa Area United Way (Tulsa)
United Way Helpline (Lawton)
United Way of Central Oklahoma (Oklahoma City)
United Way of Lawton-Fort Sill (Lawton)
United Way of Norman County (Norman)
United Way of Ponca City (Ponca City)
United Way of Pottawatomie County (Shawnee)
United Way of Stephens County (Duncan)

OREGON

211info (Portland)
Alphagraphics Hillsboro (Hillsboro)
Boly Welch (Portland)
Center for Family Success (Portland)
Children's Justice Alliance (Portland)
Children's Relief Nursery (Portland)
Clackamas County Social Services (Oregon City)
Clatsop County United Way (Clatsop County)

Community Action (Hillsboro)
Community Action Directors of Oregon (CADO) (Salem)
Community Action Organization (Hillsboro)
Community Energy Project, Inc. (Portland)
Community Works (Medford)
DNA Services of America (Eugene)
DNA Services of America (Portland)
ECONorthwest (Portland)
Family Bridge Shelter (Hillsboro)
Family SkillBuilders (Portland)
Goodwill Industries of the Columbia Willamette (Portland)
Goose Hollow Family Homeless Shelter (Multnomah)
Hillsboro Family Resource Center (Hillsboro)
Human Services Coalition of Oregon (Salem)
Jewish Family and Child Service (Portland)
Meyer Memorial Trust (Portland)
Morrison Child and Family Services (Portland)
Multnomah County Commission on Children, Families & Community (Portland)
Neighborhood House, Inc. (Portland)
Oregon Child Care Resource and Referral Network (Salem)
Oregon Food Bank (Portland)
Oregon Partnership to Immunize Children (Portland)
Oregon Telecommunications Relay Service (Salem)
Oregon Telephone Assistance Program (Salem)
Oregon Voices United (Portland)
Pathfinders of Oregon, Inc. (Portland)
Pavelcomm (Portland)
Portland Impact, Inc. (Portland)
Portland Women's Crisis Line (Portland)
ProtoCall Services, Inc. (Portland)
Resolutions Northwest (Portland)
Reynolds School District (Fairview)
Ruby Communications (Portland)
Sisters Of The Road (Portland)
SnowCap (Portland)
Telecommunication Devices Access Program (Salem)
The Fair Housing Council of Oregon (Portland)
Tualatin Resource Center (Tualatin)
Umpqua Community Action Network (UCAN) (Roseburg)
United Way of Jackson County (Medford)
United Way of Lane County (Springfield)
United Way of the Columbia Willamette (Portland)

United Way of Umatilla & Morrow Counties (Pendleton)
Voices Set Free (Portland)
Washington State Legislature 17th District (Portland)
White Bird Clinic (Eugene)
Women's Resource Center at Portland Community College (Portland)

PENNSYLVANIA

accessAbilities, Inc. Greensburg/Westmoreland (Philadelphia)
Accion Comunal Latinoamericana de Montgomery County (Norristown)
AchieveAbility (Philadelphia)
ActionAids (Philadelphia)
Aldie Counseling Center (Doylestown)
Allegany College of Maryland at Bedford County Technical Center (Everett)
Allegheny Lutheran Social Ministries - ALSM (Hollidaysburg)
Allegheny Region Chapter of the American Red Cross (Clarion)
Allegheny Region Chapter of the American Red Cross (Reno)
American Federation of Teachers – Pennsylvania (Philadelphia)
American Heart Association - Great Rivers Affiliate (Philadelphia)
American Red Cross – Sunbury Area Chapter (Sunbury)
American Red Cross (Meadville)
American Red Cross (Meadville)
American Red Cross Chestnut Ridge Chapter (Latrobe)
American Red Cross of the Susquehanna Valley (Harrisburg)
American Red Cross, Armstrong County Chapter (Armstrong)
American Red Cross, Southeastern PA Chapter (Philadelphia)
American Red Cross, Westmoreland County Chapter (Westmoreland)
American Red Cross/Allegheny Region Chapter (Reno)
APM Child Care Center (Philadelphia)
ARC Manor Addiction Recovery Center and Armstrong County Communities That Care (Kittanning)
Arthritis Foundation Eastern PA Chapter (Philadelphia)
ASPIRA of Pennsylvania (Philadelphia)
Associated Day Care Service, Inc. (Philadelphia)
Associated Services for the Blind & Visually Impaired (Philadelphia)
Associated United Ways of the Delaware Valley (Philadelphia)
Beaver County Rehabilitation Center, Inc. (New Brighton)
Beck Institute for Cognitive Therapy & Research (Philadelphia)
Bedford County Library (Bedford)
Berks County Senior Citizens Council, Inc. (Reading)
Berks Visiting Nurse Association (Wyomissing)
Berks Visiting Nurses Association (Wyoming)
Berks Women in Crisis (Reading)
Berwick Area United Way (Columbia)

Berwick Salvation Army (Berwick)
 Big Brothers Big Sisters of the Capital Region (Dauphin)
 Blackburn Center Against Domestic Violence, Inc. (Westmoreland)
 Blair County Human Services (Hollidaysburg)
 Boys & Girls Club of Central PA (Harrisburg)
 Bucks County Council on Alcoholism & Drug Dependence (Doylestown)
 Bucks County Housing Group (Wrightstown)
 Bucks County Office of Employment & Training, Inc. (Bristol)
 Building Healthy Communities Committee of Presbytery of Philadelphia (Philadelphia)
 Busy Bees Learning Center (Philadelphia)
 Cameron and Elk Counties MH/MR Program (Ridgway)
 Campaign for Mentors (Philadelphia)
 Campaign for Working Families (Philadelphia)
 Cardinal Bevilacqua Community Center (Philadelphia)
 CARE Program (Montgomery)
 Caring People Alliance (Philadelphia)
 Carlisle Area OIC Learning Center (Carlisle)
 Carlisle Early Education Center (Carlisle)
 Casa del Carmen Family Services (Philadelphia)
 Catholic Charities, Diocese of Charities (Westmoreland)
 Catholic Social Services (Philadelphia)
 Center for Advocacy for the Rights and Interests of the Elderly (CARIE) (Philadelphia)
 Center for Hearing & Deaf Services, Inc. (Westmoreland)
 Center for Youth Development (Philadelphia)
 Center in the Park (Philadelphia)
 Centre County United Way (State College)
 Cerebral Palsy Association of Chester County, Inc. (Exton)
 Chester County Family Services Center (West Chester)
 Child Development Council of Northeastern Pennsylvania, Inc. (Wilkes-Barre)
 Child Development, Inc. (Schuylkill County)
 Child, Home and Community, Inc. (Doylestown)
 Child, Women Community (Bucks)
 Children & Adult Disability & Educational Services (Delaware)
 Children & Adult Disability & Educational Services (Exton)
 Children's Aid Society (Philadelphia)
 Children's Aid Society – The Lehman Center (New Oxford)
 Children's Service, Inc. (Philadelphia)
 Chinatown Learning Center (Philadelphia)
 Clearfield Area United Way (Clearfield)
 Clearfield County Area Agency on Aging, Inc. (Clearfield))
 College Settlement Farm Camp (Horsham)
 College Settlement Farm Camp (Montgomery)

Columbia Montour Family Health (Bloomsburg)
Community Health Services of Hanover & Spring Grove (Hanover)
Congreso de Latinos Unidos (Philadelphia)
CONTACT Greater Philadelphia (Philadelphia)
CONTACT Helpline (Harrisburg)
Creative Health Services, Inc. (Pottstown)
Creative World Learning Center (Philadelphia)
Crescent Park Dental Clinic (Warren)
Crime Victims Center of Chester County (West Chester)
Cumberland Valley Habitat for Humanity (Cumberland)
Deborah's Little Shepherds' Child Care, Inc. (Philadelphia)
Delaware County Family Services Center (Media)
Delaware Valley Association for Education of Young Children (DVAEYC) (Philadelphia)
Delaware Valley Council for Early Care & Learning (Philadelphia)
DELCO Early Learning Center (Drexel Hill)
Delmont Public Library (Westmoreland)
Depression and Bipolar Support Alliance Pennsylvania (Erie)
Diversified Community Services (Philadelphia)
East Stroudsburg Area School District (East Stroudsburg)
Eastern Monroe Public Library (Stroudsburg)
Educating Communities for Parenting (Philadelphia)
EducationWorks (Philadelphia)
Empowerment Group (Philadelphia)
Episcopal Community Services (Philadelphia)
Family and Community Services of Delaware County (Media)
Family and Community Services of Montgomery County (Eagleville)
Family Service Association (Philadelphia)
Family Service Association of Wyoming Valley (Wilkes-Barre)
Family Service of Chester County (West Chester)
Family Service of Montgomery County (Eagleville)
Family Service of Western Pennsylvania, Inc. (Allegheny)
Family Support of Central PA (Harrisburg)
Family YMCAs of Pottstown & Upper Perkiomen Valley (Montgomery)
FELS – Lassin Early Learning Center (Philadelphia)
Focus on Father, Resources for Children's Health, PHMC (Philadelphia)
Frankford Group Ministry's Neighborhood Parenting Program(Philadelphia)
Friends Neighborhood Guild (Philadelphia)
Germantown Settlement (Philadelphia)
Girl Scouts of Beaver and Lawrence Counties (Beaver)
Girl Scouts of Penn's Woods Council (Luzerne)
Girl Scouts, Scranton Pocono Council (Scranton)
Greater Berwick Chapter of the American Red Cross (Berwick)

Greater Philadelphia Coalition Against Hunger (Philadelphia)
 Greater Philadelphia Federation of Settlements (Philadelphia)
 Greater Philadelphia Urban Affairs Coalition (Philadelphia)
 Greater Pittsburgh Council, Boy Scouts of America (Pittsburgh)
 Greater Susquehanna Valley United Way (Northumberland)
 Greene County Human Services, Find Out Office - Information and Referral Service (Waynesburg)
 Greene County United Way (Greene)
 Greensburg Recreation Department (Westmoreland)
 Harrisburg Area YMCA (Harrisburg)
 HAVIN, Inc. (Armstrong)
 Homemaker-Home Health Aide Service of Beaver County, Inc. (Beaver)
 Hope Station Opportunity Area (Cumberland)
 Housing Alliance of Pennsylvania (Glenside)
 Housing Association of Delaware Valley (Philadelphia)
 Huntingdon County United Way (Huntingdon)
 INFO-LINK (Clearfield)
 Intercommunity Action, Inc (Philadelphia)
 Intercultural Family Services, Inc. (Philadelphia)
 Interfaith Volunteer Caregivers of Fayette, Inc. (Fayette)
 Jeannette Recreation (Westmoreland)
 JEVS Human Services (Philadelphia)
 Jewish Information and Referral Service (Philadelphia)
 Joshua Group (Harrisburg)
 Keystone Area Council, Boy Scouts of America (Mechanicsburg)
 Keystone Tall Tree Girl Scout Council, Inc. (Kittanning)
 Kinder Academy, Inc. (Philadelphia)
 Korean Community Development Services Center (Philadelphia)
 Latrobe – Unity Parks & Recreation,(Latrobe)
 Laurel Area Interfaith Volunteer Caregivers-Faith in Action (Latrobe)
 Lighthouse, Inc. (Philadelphia)
 Lower Bucks Family YMCA (Fairless Hills)
 Lutheran Settlement (Philadelphia)
 Maple Leaf Learning Center (Newtown)
 Maternity Care Coalition (Philadelphia)
 Maternity Care Coalition (Southeastern PA)
 Men United for a Better Philadelphia (Philadelphia)
 Menergy (Philadelphia)
 Mental Health Association in Pennsylvania (Philadelphia)
 Mental Health Association of Southeastern Pennsylvania (Philadelphia)
 Mental Health Association/Compeer International of the Central Susquehanna Valley
 (Bloomsburg)
 Mercy Hospice (Philadelphia)
 MidPenn Legal Services (Harrisburg)

Milton Public Library (Milton)
Monroe County Area Agency on Aging (Stroudsburg)
Monroe County Transportation Authority (Scotrun)
Montgomery County Family Services Center (Eagleville)
National Student Partnership (Allegheny)
Nationalities Service Center (Philadelphia)
Neighborhood Health Agencies, Inc. (West Chester)
Neighborhood Interfaith Movement (Philadelphia)
NeighborhoodsNow (Philadelphia)
Network of Victim Assistance (Jamison)
Norris Square Civic Association (Philadelphia)
Norris Square Civic Association Children Center (Philadelphia)
Norris Square Neighborhood Project (Philadelphia)
Norris Square Senior Community Center (Philadelphia)
North Light Community Center (Philadelphia)
North Penn United Way (Hatfield)
Northeast Family Services Center (Philadelphia)
Office of Human Services for Luzerne County (Wilkes-Barre)
Omart Christian Child Care (Philadelphia)
PA Prison Society (Philadelphia)
Parent-Infant Center (Philadelphia)
ParentWISE, Inc. (Westmoreland)
ParentWorks, Inc. (Cumberland)
PathwaysPA (Philadelphia)
Pegasus Child Advocacy Center (Carbondale)
Penn Area Library (Westmoreland)
Pennsylvania Mental Health Consumers' Association (Harrisburg)
Pennsylvania School for the Deaf (Philadelphia)
People's Emergency Center (Philadelphia)
Philadelphia Citizens for Children and Youth (Philadelphia)
Philadelphia Corporation on Aging (Philadelphia)
Philadelphia Council AFL-CIO (Philadelphia)
Philadelphia Federation of Teachers (Philadelphia)
Philadelphia Workforce Development Corporation (Philadelphia)
Pocono Healthy Communities Alliance (Stroudsburg)
Potter County Human Services (Roulette)
Pottstown Cluster of Religious Communities (Montgomery)
Presbytery of Philadelphia – Building Healthy Communities Committee (Philadelphia)
Priestley-Forsyth Memorial Library (Northumberland)
Project Linus, Wyoming County (Tunkhannock)
Project S.H.A.R.E. Food Bank (Cumberland)
Redevelopment Authority of the County of Monroe (East Stroudsburg)

Retired and Senior Volunteer Program of Clearfield County (Clearfield))
RSVP of Montgomery County, Inc. (Norristown)
Salvation Army (Philadelphia)
Saxton Community Library (Saxton)
Schuylkill United Way (Schuylkill)
Schuylkill YMCA (Pottsville)
Sebastian Riding Associates, Inc (Collegeville)
Senior Adult Activities Center of Montgomery County (Norristown)
Senior Community Services (Ardmore)
Senior Community Services (Delaware)
Settlement Music School (Philadelphia)
Snyder County Libraries, Inc. (Selinsgrove)
Southern Home Services, Inc. (Philadelphia)
Southwest Greensburg Recreation (Westmoreland)
Southwestern PA Human Services, Inc. (Charleroi)
St. Andrew's Church (Philadelphia)
St. Anne's Senior Community Center (Philadelphia)
St. Charles' Senior Center (Philadelphia)
St. Joseph's University (Philadelphia)
St. Mary's Church (Philadelphia)
Stairways Behavioral Health (Erie)
Star Harbor Senior Community Center (Philadelphia)
StarFinder (Philadelphia)
SW PA Human Services, Inc & Connect, Inc. (Westmoreland)
Tabor Children's Services, Inc. (Doylestown)
The ARC, Northumberland County (Sunbury)
The Bloomsburg Service Extension of the Salvation Army (Bloomsburg)
The Caring Center (Philadelphia)
The Lighthouse (Philadelphia)
The Salvation Army (Beaver Falls)
The Salvation Army (Butler)
The Salvation Army (Philadelphia)
The Salvation Army-Western Pennsylvania Division
The Women's Center, Inc. of Columbia/Montour (Montour)
Titusville Area United Way (Venango)
Tobyhanna Kids Day Care Center (Tobyhanna)
Today, Inc. (Bucks)
Today, Inc. (Langhorne)
Tri-County Community Network (Montgomery)
Tri-County Community Network (Pottstown)
UCP Central PA (Camp Hill)
Union Mission of Latrobe, Inc. (Westmoreland)

United Way of Armstrong County (Kittanning)
United Way of Beaver County (Beaver)
United Way of Bedford County (Bedford)
United Way of Berks County (Berks)
United Way of Bucks County (Fairless Hills)
United Way of Butler County (Butler)
United Way of Carlisle & Cumberland County (Cumberland)
United Way of Chester County (West Chester)
United Way of Clarion County (Clarion)
United Way of Columbia County (Columbia)
United Way of Erie County (Erie)
United Way of Greater Lehigh (Lehigh)
United Way of Indiana County (Indiana)
United Way of Lackawanna County (Scranton)
United Way of Lancaster County (Lancaster)
United Way of Lebanon County (Lebanon)
United Way of Mifflin-Juniata (Lewistown)
United Way of Pennsylvania
United Way of Southeast Delaware County (Chester)
United Way of Southeastern Pennsylvania (Philadelphia)
United Way of Southern Chester County (Kennett Square)
United Way of the Capital Region Enola (Dauphin)
United Way of Warren County (Warren)
United Way of Western Montgomery County (Pottstown)
United Way of Westmoreland County (Westmoreland)
United Way of Wyoming Valley (Luzerne)
United Way of York County (York)
Upper Dauphin Human Services Center, Inc. (Elizabethville)
Upper Perkiomen Senior Center (East Greenville)
Urban League of Philadelphia (Philadelphia)
Victim Outreach Intervention Center (Evans City)
Visiting Nurse Association (Hanover)
Visiting Nurse Association (Hanover)
Visiting Nurse Association of Greater Philadelphia (Philadelphia)
Visiting Nurse Association-Community Services (Norristown)
VNA Hospice of Hanover & Spring Grove (Hanover)
Volunteer Center of Clearfield County (Clearfield))
Welsh Mountain Medical & Dental Center (Holland)
Welsh Mountain Medical & Dental Center (New Holland)
Wesley Health Center (Fayette)
West Philadelphia (Philadelphia)
Westmoreland County Blind Association (Westmoreland)

Westmoreland Human Opportunities (Westmoreland)
Westmoreland/Frick Hospital Foundation Greensburg (Westmoreland)
Women's Center of Beaver County (Beaver)
Women's Center of Montgomery County (Norristown)
Women's Christian Alliance (Philadelphia)
Womens Way (Philadelphia)
Woodland Academy Child Development Center (Philadelphia)
YMCA of Germantown (Philadelphia)
YMCA of Philadelphia & Vicinity (Philadelphia)
YMCA of Philadelphia & Vicinity (Southeastern PA)
York Jewish Community Center (York)
Youth Service, Inc. (Philadelphia)
YWCA of Greater Harrisburg (Harrisburg)
YWCA of Westmoreland County (Westmoreland)
YWCA of York (York)

RHODE ISLAND

Advent House (Providence)
AIDS Project RI (Providence)
American Diabetes Association (Providence)
Amos House (Providence)
Big Sisters of RI (Cranston)
Blackstone Valley Tourism Council (Pawtucket)
Brown/Fox Point Early Child Education Center (Providence)
CANE Child Development Center (Narragansett)
Children's Friend and Service (Providence)
Crossroads Rhode Island (Providence)
Edwards & Greer Healthcare Partners (North Providence)
Fellowship Health Resources, Inc. (Lincoln)
Greater Woonsocket YMCA (Woonsocket)
Knowledge Exchange Center of RI (Johnston)
Literacy Volunteers of Washington County (Westerly)
Meals On Wheels (Bristol)
Neighborhood Alliance of Pawtucket (Pawtucket)
North Kingstown Senior Services (North Kingstown)
Opera Providence (Providence)
Organizational Development (East Providence)
Prevent Child Abuse Rhode Island (Pawtucket)
Providence Emergency Management Agency (Providence)
Providence Rescue Mission (Providence)
Rhode Island Afterschool Plus Alliance (Providence)
Sargent Rehabilitation Center (Warwick)

The Preservation Society of Newport County (Portsmouth)
The Rhode Island Foundation (Providence)
United Way of Rhode Island (Providence)
Visiting Nurse Services of Newport and Bristol Counties (Newport)
Volunteer Center of RI (Providence)
WARM Shelter (Charlestown)
Westbay Community Action Program (Warwick)
Year Up (Providence)

SOUTH CAROLINA

211 Hotline (Charleston)
9th Circuit Solicitor's Office Juvenile Arbitration Program (Charleston)
Aiken County Councilmember Willar H. Highower, Jr.
Aiken County HELP LINE, Inc. (Aiken)
Aiken Public Safety (Aiken)
Alston Wilkes Society (Charleston)
American Red Cross, Carolina Lowcountry Chapter (Charleston)
Association for the Blind (Charleston)
Barnwell County United Way (Barnell)
Birthright of Charleston (Charleston)
CGH Technologies, Inc. /SE Division (Columbia)
Charleston Affordable Housing Inc. (Mt. Pleasant)
Charleston County Grants Administration (North Charleston)
Charleston Southern University (Charleston)
Coastal Catholic Charities (North Charleston)
Communities In Schools of the Charleston Area, Inc. (Charleston)
Community Mediation Center (Columbia)
Dee Norton Lowcountry Children's Center (Charleston)
Dillon County United Way (Dillon)
East Cooper Community Outreach (Mt. Pleasant)
East Cooper Habitat for Humanity (Mt. Pleasant)
East Cooper meals on Wheels (Mt. Pleasant)
Epilepsy Foundation of South Carolina (Columbia)
Fairfield Behavioral Health Services (Winnsboro)
Family Connection of SC, Inc. (Charleston)
Family Services, Inc. (North Charleston)
Family Shelter (Columbia)
Florence Crittenton Programs of South Carolina (Charleston)
Franklin & Associates, Inc. (Charleston)
Franklin Funding, Inc. (Charleston)
Georgetown County United Way (Georgetown)
Girl Scout Council of the Congaree Area, Inc. (Columbia)

Greenville Area Interfaith Hospitality Network (GAIHN) (Greenville)
 HELPL!ne Center (Sioux Falls)
 Home Works of South Carolina, Inc. (Irmo)
 Hospice of Charleston (Charleston)
 Jim Gray Consultants (Charleston)
 Lowcountry Food Bank (Charleston)
 Mental Illness Recovery Center, Inc. (Columbia)
 M-Q36 (Charleston)
 North Charleston Weed and Seed Program (North Charleston)
 Oriana Solutions (Lexington)
 Outfitted For Work (Charleston)
 Pageland/Jefferson United Way (Pageland)
 Piggly Wiggly Carolina Company, Inc. (Charleston)
 Prayer & Prison Outreach, Inc. (Charleston)
 Ronald McDonald House of Charleston (Charleston)
 Ruth Rhoden Craven Foundation for Postpartum Depression Awareness (Mt. Pleasant)
 Sistercare, Inc. (Columbia)
 South Carolina Child Care Resource & Referral Network (Columbia)
 St.James South Santee Senior & Community Center (McClellanville)
 The Alston Wilkes Society (Columbia)
 The Good Neighbor Center - Veteran's Transitional Housing & Women and Children Emergency Shelter (North Charleston)
 The Mediation Center (Columbia)
 The Salvation Army - Charleston Corp (Charleston)
 Tri-County Immunization Coalition (Charleston)
 Trident United Way (North Charleston)
 Trident Urban League (Charleston)
 Trinity Housing Corporation (Columbia)
 United Way 2-1-1 Upstate South Carolina Collaborative (Greenville)
 United Way of Aiken County (Aiken)
 United Way of Allendale County (Allendale)
 United Way of Anderson County (Anderson)
 United Way of Bamberg, Colleton, and Hampton (Walterboro)
 United Way of Beaufort County (Beaufort)
 United Way of Beaufort County-Hilton Head (Hilton Head Island)
 United Way of Cherokee County (Gaffney)
 United Way of Chester Area (St.Chester)
 United Way of Chesterfield County (Chesterfield)
 United Way of Darlington County (Darlington)
 United Way of Edgefield County (Edgefield)
 United Way of Florence County (Florence)
 United Way of Greenville County (Greenville)
 United Way of Greenwood and Abbeville Counties (Greenwood)

United Way of Hartsville (Hartsville)
United Way of Horry County (Conway)
United Way of Kershaw County (Camden)
United Way of Lancaster County (Lancaster)
United Way of Laurens County (St Clinton)
United Way of Oconee County (Seneca)
United Way of Pickens County (Easley)
United Way of Sumter County (Sumter)
United Way of the Midlands (Columbia)
United Way of the Piedmont (Spartanburg)
United Way of York County (York Hill)
Upstate South Carolina Chapter of the American Red Cross (Greenville)
Young Ladies Conquering Obstacles, Inc. (Charleston)

SOUTH DAKOTA

HELP!Line Center (Sioux Falls)
Sioux Empire United Way (Sioux Falls)

TENNESSEE

AIM Center (Chattanooga)
Alexian Brothers Senior Neighbors (Chattanooga)
Alive Hospice, Inc. (Nashville)
American Red Cross Williamson County (Franklin)
American Red Cross, Nashville Area Chapter (Nashville)
Belmont United Methodist Church (Nashville)
Boys & Girls Clubs of Middle Tennessee (Nashville)
Boys & Girls Clubs of Rutherford County (Murfreesboro)
Carroll Academy (Huntington)
CASA of Rutherford County (Murfreesboro)
Catholic Charities of Memphis (Memphis)
Centerstone Responsible Parenting Project (Columbia)
Chattanooga Room in the Inn (Chattanooga)
Clarksville/Montgomery County Crisis Intervention Center (Clarksville)
Community Foundation of Greater Memphis (Memphis)
Contact Life Line of the Highland Rim (Tullahoma)
CONTACT Ministries, Inc. (Johnson City)
CONTACT-CONCERN of Northeast TN, Inc. (Kingsport)
Discovery Center at Murfree Spring (Murfreesboro)
Family and Children's Service of Nashville (Nashville)
Family Services of the Mid-South (Memphis)
Friends For Life Corporation (Memphis)
Girl Scouts of Moccasin Bend Council (Chattanooga)

Good Neighbor Mission (Gallatin)
Hope House, Maury County Center Against Domestic Violence (Columbia)
Kids on the Block of Middle Tennessee (Nashville)
Knoxville-Knox County Office on Aging (Knoxville)
Mapa Spontex, Inc. (Columbia)
Memphis /Shelby County Emergency Management Agency (Memphis)
Memphis Center for Independent Living (Memphis)
Memphis Public Library and Information Center (Memphis)
Memphis Shelby County Voluntary Organizations Active in Disaster (Memphis)
Mid-Cumberland Human Resource Agency (Nashville)
NAMI Memphis (Memphis)
Partnership for Families, Children and Adults (Chattanooga)
Project HELP (Murfreesboro)
READ Chattanooga, Inc. (Chattanooga)
Rhea County Department of Children's Services (Dayton)
Rhea County United Way (Dayton)
RISE Foundation (Memphis)
Roane County United Way (Harriman)
Rutherford County Adult Activity Center, Inc. (Murfreesboro)
Salvation Army Nashville Area Command (Nashville)
Second Harvest Food Bank of Middle Tennessee, Inc. (Nashville)
South Central Family Center (The Family Center) (Columbia)
Special Kids, Inc. (Murfreesboro)
Sumner County CASA Project, Inc. (Gallatin)
Tennessee Poison Center (Nashville)
The Community Foundation of Middle Tennessee (Nashville)
The Hope Clinic of Middle Tennessee (Columbia)
The Orange Grove Center (Chattanooga)
The Tennessee Rehabilitation Center (Columbia)
United Way of Benton County and United Way of Humphreys County (Waverly)
United Way of Dickson County (Dickson)
United Way of Franklin County (Winchester)
United Way of Greater Chattanooga (Chattanooga)
United Way of Greater Kingsport (Kingsport)
United Way of Greater Knoxville (Knoxville)
United Way of Loudon County (Lenoir City)
United Way of Maury County, Inc. (Columbia)
United Way of Metropolitan Nashville (Nashville)
United Way of Rutherford and Cannon Counties (Murfreesboro)
United Way of Sumner County (Hendersonville)
United Way of the Mid-South (Memphis)
United Way of West Tennessee (Jackson)

United Way of Williamson County (Franklin)
Vanderbilt Bill Wilkerson Center (Nashville)
Volunteer Memphis/Hands on Memphis (Memphis)
Women's Care Center (Dayton)

TEXAS

2-1-1 Texas/United Way of the Brazos Valley (College Station)
Alcoholic Rehabilitation Center of Bexar County (San Antonio)
Alzheimer's Association - North Central Texas Chapter (Fort Worth)
American Association of University Women (AAUW)/Texas (Austin)
American Association of University Women/Northeast Tarrant County Branch (Colleyville)
Any Baby Can (San Antonio)
Area Agency on Aging of Tarrant County (Fort Worth)
Bexar County Detention Ministries, Inc. (San Antonio)
Boys and Girls Clubs of San Antonio (San Antonio)
Boysville, Inc. (San Antonio)
Brighton School, Inc. (San Antonio)
Child Advocates (Wichita Falls)
City of Abilene (Abilene)
Coalition for the Homeless of Houston/Harris County (Houston)
Communities In Schools of San Antonio (San Antonio)
Community Council of Greater Dallas / 2-1-1 Texas North Central Texas – Dallas Region (Dallas)
Cook Children's Health Network (Fort Worth)
Crystal Images Inc. (Irving)
Custom Food Group (Wichita Falls)
Dallas Area Agency on Aging (Dallas)
Dixon Quality Services, Inc. (Port Arthur)
DNA Services of America, Inc. (Spring)
Family Service Association (San Antonio)
Family Violence Prevention Services, Inc. (San Antonio)
First Bank (Wichita Falls)
First Step, Inc. (Wichita Falls)
Food Bank of Corpus Christi, Inc. (Corpus Christi)
Girl Scouts of the San Antonio Area (San Antonio)
Good Samaritan Community Services (San Antonio)
Goodwill Industries (San Antonio)
Greater Longview United Way/INFOline of Gregg Co.
Greater Randolph Area Service Program Inc. (Converse)
Guadalupe Community Center (San Antonio)
Health South Rehabilitation Hospital of Wichita Falls (Wichita Falls)
Homeless Advocates of Texas (Seagoville)
INFOline of Gregg County (Longview)

Jewish Federation of Fort Worth and Tarrant County (Fort Worth)
KAUZ News Channel 6 (Wichita Falls)
Mental Health Association of Tarrant County (Fort Worth)
Montgomery County United Way (The Woodlands)
Nonprofit Resource Center of Texas (San Antonio)
North Texas Area United Way (Wichita Falls)
Palmer Drug Abuse Program (San Antonio)
Respite Care of San Antonio (San Antonio)
SAMMinistries (San Antonio)
San Antonio Council on Alcohol and Drug Abuse (San Antonio)
San Antonio Food Bank (San Antonio)
Senior Citizen Services of Greater Tarrant County (Fort Worth)
Seton Home (San Antonio)
Southside Youth Senter(SYS)(Wichita Falls)
Tarrant County Challenge, Inc. (Fort Worth)
Tarrant County Youth Collaboration (Fort Worth)
Tender Loving Care Center for Children (Port Arthur)
Tender Loving Care Maternity Center (Port Arthur)
The Arc of San Antonio (San Antonio)
The Women's Center of Tarrant County (Fort Worth)
Times Record News (Wichita Falls)
United Way of Metropolitan Dallas (Dallas)
United Way of San Antonio & Bexar County (San Antonio)
United Way of Tarrant County (Fort Worth)
United Way of the Coastal Bend (Corpus Christi)
United Way of the Texas Gulf Coast (Houston)
United Ways of Texas (Austin)
Volunteer Center of the Coastal Bend (Corpus Christi)
Wichita Adult Literacy Council, Inc. (Wichita Falls)
Workforce Resource (Wichita Falls)
YMCA of Metropolitan Fort Worth (Fort Worth)
YWCA of Greater Houston (Houston)
YWCA San Antonio (San Antonio)

UTAH

AAA Fair Credit Foundation (Salt Lake City)
Alliance House, Inc. (Salt Lake City)
Asian Association of Utah (Salt Lake City)
Boy Scouts of America, Great Salt Lake Council (Salt Lake City)
Boys & Girls Clubs of Weber-Davis (Ogden)
Catholic Community Services (Salt Lake City)
Community Nursing Services (Salt Lake City)

Cornerstone Counseling Center (Salt Lake City)
Family Counseling Center (Salt Lake City)
Family Support Center (Salt Lake City)
Friends of the Weber/Morgan Children's Justice Center (Ogden)
Guadalupe Schools (Salt Lake City)
Habitat for Humanity Northern Utah (Brigham City)
Jewish Family Service (Salt Lake City)
Junior League of Ogden (Ogden)
Legal Aid Society of Salt Lake (Salt Lake City)
Morgan County Community Services Director (Morgan)
National Alliance on Mental Illness (Salt Lake City)
Prevent Child Abuse Utah (Salt Lake City)
Salt Lake Advocacy and Community Training (Salt Lake City)
United Way of Davis County (Layton)
United Way of Northern Utah (Ogden)
United Way of Salt Lake (Salt Lake City)
United Way of Utah County (Provo)
Utah Food Bank Services (Salt Lake City)
Utah Partners for Health (Magna)
Your Community Connection of Ogden/Northern Utah (Ogden)
Youth Support Systems of Utah (Salt Lake City)

VERMONT

AIDS Project of Southern Vermont (Brattleboro)
Brattleboro Pastoral Counseling Center (Brattleboro)
Champlain Valley Agency on Aging (Winooski)
Franklin-Grand Isle United Way (St. Albans)
Green Mountain Foster Grandparent Program (Rutland)
Green Mountain RSVP & Volunteer Center (Bennington)
Green Mountain United Way (Berlin)
Green Mountain United Way (Montpelier)
Morningside House (Brattleboro)
One-2-One (Rutland)
Parks Place Community Resource Center (Bellows Falls)
RSVP (Berlin)
Rutland Regional Planning Commission (Rutland)
Southwestern Vermont Council on Aging (Rutland)
Springfield Hospital Foundation (Springfield)
The Gathering Place (Brattleboro)
The Rutland Regional Board For Family Services (Rutland)
United Way of Addison County (Middlebury)
United Way of Bennington County (Bennington)

United Way of Chittenden County (Burlington)
United Way of Lamoille County (Morrisville)
United Way of Rutland County (Rutland)
United Way of Southern Windsor County, Inc. (Springfield)
United Way of Windham County (Brattleboro, Vermont)
United Ways of Vermont (Burlington)
Vermont Association of Planning and Development Agencies (Rutland)
Vermont Center for Independent Living (Montpelier)
Vermont Senior Companion Program (Berlin)
Visiting Nurse Association & Hospice of VT and NH (White River Junction)
Volunteer Center for Central Vermont and Northeast Kingdom (Berlin)
Windham Child Care Association (Brattleboro)

VIRGINIA

America's Promise – The Alliance for Youth (Alexandria)
American Red Cross, Colonial Virginia Chapter (Williamsburg)
Arlington Free Clinic (Arlington)
Brain Injury Association of America (McLean)
Chesapeake Telephone Systems (Chesapeake)
Doorways for Women and Families (Arlington)
Loudoun Cares (Leesburg)
Northern Virginia AIDS Ministry (Falls Church)
Northern Virginia Regional Commission (Fairfax)
Reston Interfaith, Inc. (Reston)
The Literacy Council of Northern Virginia (Falls Church)
United Way of Central Virginia (Lynchburg)
United Way of Greater Richmond & Petersburg (Richmond)
United Way of Greater Williamsburg (Williamsburg)
United Way of Roanoke Valley (Roanoke)
United Way of South Hampton Roads (Norfolk)
United Way of Virginia Peninsula (Newport News)
United Way-Thomas Jefferson Area (Charlottesville)

WASHINGTON

American Red Cross, Mount Rainier Chapter (Tacoma)
Big Brothers Big Sisters of Northwest Washington (Bellingham)
BRIDGES: A Center for Grieving Children (Tacoma)
Catholic Community Services of King County (Seattle)
Catholic Community Services Skagit Family Center (Mount Vernon)
CHOICE Regional Health Network (Olympia)
City of Clay Center (Clay Center)
Community Voice Mail (Seattle)

Concerned Citizens (Forks)
Coordinated Assistance Network (Washington)
Cowlitz County Guidance Association (Longview)
Cowlitz County United Way (Longview)
Crisis Clinic (Seattle)
Development & Community Relations Officer Crisis Clinic (Seattle)
Eatonville Area Council/Eatonville Family Agency (Eatonville)
Educational Opportunities for Children & Families (EOCF) (Vancouver)
Emergency Support Shelter (Kelso)
Fremont Public Association (Seattle)
Girl Scouts Totem Council (Seattle)
Good Samaritan Community Services (Puyallup)
Good Samaritan Ministries (Walla Walla)
Greater Columbia Region 211 (Yakima)
Group Health Cooperative (Seattle)
Health Care That Works (Port Angeles)
Ingersoll Center (Seattle)
Kindering Center (Bellevue)
Northwest Youth Services (Bellingham)
Olympic Area Agency on Aging (Port Angeles)
Pathways 2020 (Longview)
Peninsula Dispute Resolution Center (Port Angeles)
Residential Resources Association (Longview)
Senior Services (Seattle)
Sexual Assault Center of Pierce County (Tacoma)
Skagit Council on Aging (Mount Vernon)
Skagit County Community Action Agency (Mount Vernon)
Skagit Domestic Violence & Sexual Assault Services (Mount Vernon)
Snohomish County Center for Battered Women (Everett)
Spokane County United Way (Spokane)
TACID (Tacoma)
Toy Rescue Mission (Tacoma)
United Good Neighbors of Jefferson County (Port Townsend)
United Way of Benton and Franklin Counties (Kennewick)
United Way of Chelan & Douglas Counties (Wenatchee)
United Way of Clallam County (Port Angeles)
United Way of Grant County (Moses Lake)
United Way of Island County (Oak Harbor)
United Way of King County (Seattle)
United Way of Kitsap County (Bremerton)
United Way of Kittitas County (Ellensburg)
United Way of Lewis County (Chehalis)

United Way of Mason County (Shelton)
United Way of Pierce County (Tacoma)
United Way of San Juan County (Friday Harbor)
United Way of Skagit County (Mount Vernon)
United Way of Snohomish County (Everett)
United Way of Thurston County (Olympia)
United Way of Walla Walla County (Walla Walla)
United Way of Yakima County (Yakima)
Volunteers of America Western Washington (Everett)
Walla Walla County Health Department (Walla Walla)
Washington Information Network 2-1-1 (Renton)
WESCOM (Walla Walla)
Whatcom Volunteer Center (Bellingham)

WEST VIRGINIA

Community Action of South Eastern WV (CASE WV) (Bluefield)
Daymark, Inc. (Charleston)
Family Service of Kanawha Valley (Charleston)
Girl Scouts of Black Diamond Council (Charleston)
Lauttamus Communications (Weirton)
Mental Health Association in the Greater Kanawha Valley, Inc. (Charleston)
Regional Family Resource Network (Charleston)
Religious Coalition for Community Renewal (Charleston)
United Way of Central WV (Charleston)
Upper Kanawha Valley Starting Points (Miami)
West Virginia 211 (Fairmont)
West Virginia Health Right, Inc. (Charleston)

WISCONSIN

Adams County Aging Department (Adams)
Adams County Chamber of Commerce & Tourism (Adams)
Adams County Health and Human Services Department (Adams)
Aging & Disability Resource Center of Central Wisconsin (Wisconsin Rapids)
Aging and Disability Resource Center of Trempealeau County (Whitehall)
Best Friends of Neenah-Menasha (Neenah)
Big Brothers Big Sisters of South Wood County (Wisconsin Rapids)
Brown County United Way (Green Bay)
CAP Services, Inc. (Stevens Point)
Cerebral Palsy of Mideast Wisconsin (Oshkosh)
Child Care Resource and Referral of Central Wisconsin, Inc. (Wisconsin Rapids)
Children and Youth with Special Health Care Needs (Wisconsin Rapids)
Christine Ann Domestic Abuse Services (Oshkosh)

Companion Day Services (Marshfield)
Coulee Council on Addictions (La Crosse)
Faith In Action of Adams County (Friendship)
Family Services of Northeast WI (Menasha)
Friendship Place, Inc. (Neenah)
Girl Scouts of the Fox River Area (Appleton)
Girl Scouts of Woodland Council (Wisconsin Rapids)
Great Rivers 211 (La Crosse)
Great Rivers United Way (Onalaska)
Gundersen Lutheran Health System (La Crosse)
Hmong-American Partnership Fox Valley, Inc. (Appleton)
La Crosse County Health Dept. (La Crosse)
Marshfield Area United Way (Marshfield)
North Central Community Action Program (Wisconsin Rapids)
Northern Regional CYSHCN Center (Wausau)
Oshkosh Area United Way (Oshkosh)
River City Cab (Wisconsin Rapids)
United Way fo St. Croix County (Hudson)
United Way Fox Cities (Menasha)
United Way of Dane County (Madison)
United Way of Inner Wisconsin (Wisconsin Rapids)
United Way of Marathon County (Wausau)
United Way of Portage County (Stevens Point)
United Way of Wisconsin (Madison)
Wheels of Independence, Inc. (Wisconsin Rapids)
Wisconsin Community Action Program Association (WISCAP) (Madison)
Wood County Health Department (Wisconsin Rapids)
Wood County Red Cross (Wisconsin Rapids)

WYOMING

Wyoming Institute for Disabilities (Laramie)

ATTACHMENT FIVE

2-1-1 Ten Years After

(

A United Way of America survey of over 100 providers of 2-1-1 services on the 10th anniversary of 2-1-1 (1997-2007)

1. In what years did 2-1-1 services publicly launch operations?

	Percentage of those responding
1997	1%
1998	1%
1999	1%
2000	4%
2001	11%
2002	15%
2003	18%
2004	13%
2005	15%
2006	21%

Note: Most 2-1-1 services are relatively new and are still at the stage of establishing themselves in their communities according to their available resources.

2. What types of calls are answered by a 2-1-1 service?

<i>From a survey of over 4,600,000 2-1-1 calls</i>	
Basic Needs (includes Food, Housing/Shelter, Material Goods, Temporary Financial Aid, Transportation)	42.7%
Consumer Services (includes Consumer Assistance and Protection, Consumer Regulation)	2.9%
Criminal Justice and Legal Services (includes Courts, Criminal Correctional System, Judicial Services, Law Enforcement, Legal Assistance and Services, Tax Services)	6.8%
Education (includes Educational Institutions/Schools, Educational Programs)	1.9%
Environmental Quality (includes Domestic Animal Services, Environmental Protection and Improvement, Municipal Services/Public Works, Public Health, Public Safety)	2.4%
Health Care (includes Emergency Medical Care, Health Screening/Diagnostic Services, Health Supportive Services, Human Reproduction, Outpatient Health Facilities, Rehabilitation, Specialized Treatment, Specialty Medicine, Substance Abuse Services)	10.8%
Income Security (includes Employment, Public Assistance Programs, Social Insurance Programs)	7.7%
Individual and Family Life (includes Death Certification/Burial Arrangements, Family Surrogate/Alternative Living Services, Individual and Family Support Services, Leisure Activities, Social Development and Enrichment, Spiritual Enrichment, Volunteer Opportunities)	8.4%
Mental Health Care and Counseling (includes Counseling Approaches, Mental Health Facilities, Outpatient Mental Health Care, Psychiatric Support Services)	5.6%
Organizational/Community/International Services (includes Arts and Culture, Community Economic Development, Community Groups, Community Services, Disaster Services, Donor Services, Information Services, International Affairs, Professional Associations, Organizational Development)	10.4%

7. Approximately what percentage of the geographic coverage area of a 2-1-1 service currently has cell phone coverage (i.e. when you dial 2-1-1 on a cell phone, the call comes directly to the 2-1-1 service)?

	% of cell phone coverage available from 2-1-1 services
Less than 20%	28%
Between 20% and 39%	10%
Between 40% and 49%	3%
Between 50% and 69%	3%
Between 70% and 89%	11%
Between 90% and 99%	15%
100%	21%

Note that this is read as “28% of 2-1-1 services have cell phone coverage for less than 20% of the geographic area that they serve. 21% of 2-1-1 services can provide their clients with cell phone coverage for all (100%) of their geographic area.”

Although many Telephone Service Providers have been very collaborative, achieving full cell phone coverage remains a challenge for many 2-1-1 services. It seems that either the cell phone coverage for any particular 2-1-1 is either strong or weak.

8. Has a 2-1-1 cost/benefit (return on investment) study been recently conducted in your service area or state?

11% of 2-1-1 services have conducted cost/benefit studies.

ATTACHMENT SIX

National Benefit/Cost Analysis of Three Digit-Accessed Telephone Information and Referral Services

Final Report

Prepared by

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Table of Contents

List of Figures	iii
List of Tables	iii
Acknowledgements	iv
Executive Summary	v
Section One: Introduction	1
Section Two: Approach	3
Perspectives.....	4
Time Period.....	4
Discount Rate.....	5
Valuation Formulas.....	5
Quantifiable v. Non-Quantifiable Benefits and Costs	6
Fiscal and Service Delivery Data.....	7
Site Visits and Other Requests for Assistance	8
Organizational Models.....	8
Scenarios	9
Section Three: Study Site Selection Criteria and Features	12
Site Selection	12
Site Overview: Key Features	15
Section Four: Benefits.....	21
Estimating Call Volume.....	21
Measurable Benefits.....	25
Below-the-Line Benefits	29
Benefit Estimates for National 2-1-1 Information and Referral Network	30
Section Five: Costs	35
Expenditures by Site	35
Cost per Call by Site	39
Sources of Variation	40
Cost Estimates for National 2-1-1 Information and Referral Network.....	46
Section Six: Net Value.....	50
Net Value Estimates for National 2-1-1 Information and Referral Network.....	50
Section Seven: Concluding Observations.....	55
Implementation Costs	56
Promising Prospects.....	57
References.....	61

Appendix A: Site Contacts.....	1
Appendix B: Calling for 2-1-1 Act of 2003: Legislation At A Glance	1
Appendix C: Field Interview Guides 2-1-1 I&R National Benefit/Costs Assessment.....	1
Appendix D: Conversations with 2-1-1 Customers Protocol and Results	1
Appendix E: Estimating After-Hours Calls Per Capita	1
Appendix F: A Treatise on Cost Comparisons	1
Appendix G: Inter-site Comparability and other Issues	1

LIST OF FIGURES

Figure 1: Call Volume per Capita.....	22
Figure 2: Where Callers Learned About 2-1-1	24
Figure 3: Caller Frequency	24
Figure 4: Total Expenditures per Site	36
Figure 5: I&R Specialists' Annual Wages.....	37
Figure 6: Comparison of Expenses by Site.....	38
Figure 7: Cost per Call.....	39
Figure 8: Calls per Shift.....	40
Figure 9: Wage Cost Per Call	41
Figure 10: Cost per Call as a Function of Population.....	42
Figure 11: Cost per Call as a Function of Call Volume.....	42
Figure 12: Cost per Call as a Function of Call Volume and Organization Schema	43
Figure 13: Cost per Call as a Function of Calls per FTE.....	44

LIST OF TABLES

Table 1: Potential Benefits from a National 2-1-1 Information and Referral System	6
Table 2: State Model Assignments	10
Table 3: Site Selection Criteria Matrix	13
Table 4: Site Features.....	16
Table 5: Call Volume and Population.....	22
Table 6: Mixed Model Benefit Summary	31
Table 7: Centralized Model Benefit Summary	32
Table 8: Decentralized Model Benefit Summary	33
Table 9: Hybrid Model Benefit Summary	34
Table 10: Call Volume Per FTE I&R Specialist.....	44
Table 11: Mixed Model Cost Summary.....	47
Table 12: Centralized Model Cost Summary.....	48
Table 13: Decentralized Model Cost Summary.....	48
Table 14: Hybrid Model Cost Summary.....	49
Table 15: Net Value under the Mixed Model Scenario	51
Table 16: Net Value under the Centralized Model Scenario	53
Table 17: Net Value under the Decentralized Model Scenario	53
Table 18: Net Value under the Hybrid Model Scenario	54
Table 19: Connecticut Implementation Expenditures.....	57

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Many of the insights that have influenced this report are derived from conversations held with nearly 240 anonymous individuals who have called 2-1-1 for services. They remain nameless, but this research would have been less comprehensive without their input.

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EXECUTIVE SUMMARY

The Ray Marshall Center for the Study of Human Resources at The University of Texas at Austin's Lyndon B. Johnson School of Public Affairs has developed estimates of the benefits, costs, and net value created by public and private investments in a national, three-digit-accessed (2-1-1) information and referral (I&R) network for health and human services in a study conducted for the United Way of America.

RESEARCH APPROACH

Ray Marshall Center researchers collected fiscal (e.g., budget and expenditure reports) and operational data (e.g., call volume, service requests, and referral data); conducted site visits and interviews with program administrators and staff of eleven state and local 2-1-1 information and referral call centers; and interviewed 239 individuals, including professionals and members of the general public who have used 2-1-1 to address health and human service needs. The information, data, and observations regarding benefits and costs gathered through this research provided the basis for an *ex ante* estimation of the net value of a national 2-1-1 I&R network.

The analysis is presented from the perspectives of participants (individuals and organizations), taxpayers, and society as a whole, the latter arguably the most important perspective for public investments. Benefits and costs have been projected for a ten-year period and discounted to net present value. Net value to society is presented as the difference between the benefits accrued and the costs incurred by participants and taxpayers, less taxes and transfers between them.

RESULTS

Benefits, costs, and net value of a national 2-1-1 information and referral network have been estimated under four scenarios. The principal one is a mixed model scenario, in which each state is assigned one of three organizational models that the statewide 2-1-1 effort has adopted or appears likely to adopt--the national estimate is based on the combined results of states operating under three models simultaneously. Under the three single model scenarios, the national estimates are based on all states operating under only one of the three models: a centralized administration/single call center model, a decentralized administration/multiple call center model, and a hybridized centralized/decentralized call center model that incorporates features of both. The three single model scenarios may be more illustrative for states electing to pursue one of these approaches for their statewide organization.

Under three of the four 2-1-1 scenarios examined, the estimated net value to society is positive. Only the scenario of a single model/decentralized system produced a negative net value. The mixed model scenario—which most closely conforms to the current distribution of approaches among states—produces an estimated net value to society of more than \$530 million over ten years in net present value. Net values to society for the centralized and hybrid models, ranging from \$430 million to \$1.1 billion over ten years in present value terms, indicate that these merit serious consideration. The generally positive estimated net value of a national 2-1-1 I&R network is supported by observations drawn from

conversations with call center administrators and staff, as well as local health and human services professionals and individuals from the general public who have used 2-1-1.

Under the *mixed model scenario*, investing in national 2-1-1 access to I&R services is strongly supported by the net value estimates.

- The net value to society of 2-1-1 I&R access approaches \$69 million in the first year, and benefits exceed costs by \$530 million over ten years, discounted to net present value. The benefit/cost ratio for society over ten years is 1.36.

The net value estimates for society resulting from the *centralized model scenario* also support investing in national 2-1-1 access to I&R services:

- The net value to society of 2-1-1 access approaches \$58 million in the first year. Net value is well above \$490 million over ten years and more than \$432 million, discounted to net present value. The benefit/cost ratio is 1.27 for ten years.

The net value estimates for society under the *hybrid model scenario* also lend strong support for investing in national 2-1-1 access to I&R services.

- The net value to society of national 2-1-1 access to I&R services approaches \$130 million in the first year alone and nearly \$1.1 billion over ten years when discounted to net present value. The benefit/cost ratio for society is 2.26 over ten years.

The *decentralized model scenario*, because of its negative net value estimates, should be pursued with caution.

- The net value of 2-1-1 I&R access to society is negative. Costs exceed benefits by nearly \$47 million in the first year and by about \$527 million over ten years when discounted to net present value.

Research also indicates that:

- The viability of maintaining and expanding a standards-based, national 2-1-1 information and referral network is dependent on the infusion of additional funds.
- Several promising prospects and practices are available to further offset costs in favor of enhanced net value, including improving access to basic needs assistance, public health information, employment and training services, volunteer placements and donations, and public information about special initiatives and events.
- The national 2-1-1 effort is ripe for enhanced public/private sector collaboration as the entities that operate the 2-1-1 call centers and the public agencies that administer the vast majority of health and human services resources recognize the complementary features of their service delivery systems.

SECTION ONE: INTRODUCTION

Some states and localities have been advocating for a national, three-digit telephone number for information and referral (I&R) services for several years in order to both simplify access to information about and expand the availability of health, human and related services for individuals and families. As interest in and support for such a national number has grown, concerns have also been raised about the associated benefits and costs and the net value of such action.¹ This report seeks to address these concerns.

Several events have helped build support for the development and implementation of 2-1-1 telephone access to I&R services. The United Way of Atlanta developed and implemented a 2-1-1 number in 1997, followed soon after by related actions taken by several regional associations and other states, notably Connecticut and North Carolina. Recent tallies indicate that an estimated 100 million Americans are now served by some 139 active 2-1-1 systems in 28 states.²

Expansion of 2-1-1 I&R services was boosted significantly in July 2000 when the Federal Communications Commission (FCC) set aside 2-1-1 as the national dialing code for health and human services information and referral.³ It was further encouraged when on June 12, 2002, President Bush signed into law the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188), authorizing state block grants and establishing 2-1-1 as an allowable use of funds. The “Calling for 2-1-1 Act,” which is still pending in Congress, would earmark \$200 million annually from the U.S. Department of Commerce — with a required 50 percent local match — to develop and operate 2-1-1 I&R systems nationwide.⁴

United Way of America (UWA) contracted with the Ray Marshall Center for the Study of Human Resources at The University of Texas at Austin’s Lyndon B. Johnson School of Public Affairs to estimate the benefits, costs and potential net value created by public and private investments in a national, three-digit-accessed (2-1-1) information and referral (I&R) network. Researchers have collected data from eleven state and regional programs between March and August 2004 as the basis for producing these estimates. Research tasks included requesting and assessing fiscal and operational data; site visits and interviews with program administrators and staff; and conversations with professionals and individuals across the

¹ Human service and other agencies had often mounted their own efforts to make information and services more accessible through the provision of toll-free 800 numbers and other means. As the enormous and complex problems facing families — and facing caseworkers and employer-based groups attempting to assist them — became increasingly recognized, local providers and organizations such as the United Way began to take notice, pushing for more structured I&R systems. The Congress and state legislatures have also taken action.

² According to the 211.org Website (<http://www.211.org/status.html>).

³ National and local affiliates of United Way, the Alliance for Information and Referral Systems (AIRS), and an array of collaborators placed a national petition before the FCC to dedicate 211 as the single *national* telephone access number for health and human services.

⁴ Appendix B provides a snapshot of key legislation features.

general public who have used 2-1-1 to address health and human service needs.⁵ The information, data, and observations regarding benefits and costs gathered through the research provided the basis for developing *ex ante* national benefit/cost estimates of a comprehensive 2-1-1 I&R system.

The Ray Marshall Center had conducted a prospective benefit/cost analysis of a comprehensive I&R system for Texas in the late 1990s, concluding that the net present value to society of the proposed system over ten years would range from \$11-\$12 million in 1998 dollars.⁶ The Texas Health and Human Services Commission subsequently pressed ahead with implementing 2-1-1 access in 25 regions of the state with funding provided from the Texas Legislature. The University of Nebraska's Public Policy Center also conducted a benefit/cost analysis of an I&R system, publishing its findings in the Spring 2000. The Nebraska study derived many of its estimates of benefits and costs from the Texas study, as well as detailed analysis on ongoing I&R efforts by Nebraska public agencies and private organizations with three different models, and found that "*the quantifiable benefits outweigh the costs in all three models with sufficient call volume*" (p. 3, emphasis in the original). Policymakers are seeking updated estimates of the net value of national, three-digit accessed I&R services via 2-1-1 to justify the proposed appropriation of funding to support such a system.

This report presents the results of the Ray Marshall Center's efforts to estimate the benefits, costs, and net value from operating a national 2-1-1 system. The report is organized into six major sections. Section 2 briefly summarizes the benefit/cost analysis methodology utilized for the report. Section 3 explains the process for selecting sites for inclusion in the study and describes some of their more important features. Each of the next three sections presents results from the perspective of participants, taxpayers, and society under four scenarios for a national 2-1-1 information and referral network. Section 4 presents the major benefits of operating a 2-1-1 I&R network, after which Section 5 presents the costs of the network. Section 6 then presents estimates of the net value — that is, benefits minus costs — of a 2-1-1 national network. Estimates are presented for the first year of operations, projected ten years out, and then discounted back to present value. Several appendices accompany the report, providing supportive materials and ancillary analyses.

⁵ Appendix C contains the Site Visit Interview Guides. Appendix D contains the instrument and results of the 2-1-1 user interviews that have helped to assess benefits.

⁶ See King et al., (1998).

SECTION TWO: APPROACH

A preferred approach to estimating the value of a 2-1-1 number for information and referral services is benefit/cost analysis. Benefit/cost analysis quantifies the benefits and costs associated with a particular action to the extent possible and presents them in a form policymakers can use to assess whether or not to move forward with a particular action or set of actions. It is important to note that policymakers may decide to proceed with the action in question even in the face of negative results (i.e., net *costs* to society), especially where some of the more important anticipated benefits could not be readily quantified or where extra-economic considerations are paramount.

This section briefly describes the methods used for this analysis. Benefit/cost analysis techniques are relatively standard.⁷ Yet, few studies have attempted to analyze the benefits and costs of information and referral (I&R) networks that are proposed or operating. As mentioned, researchers at the University of Texas at Austin's Ray Marshall Center estimated positive net benefits for Texas' comprehensive I&R network of \$11-\$12 million (in 1998 dollars) over a ten-year time frame, discounted to net present value.⁸ And, the University of Nebraska's Public Policy Center subsequently estimated total benefits from a statewide 2-1-1 system at \$7.4 million, expressed in 2000 dollars.⁹

For this report, researchers have employed standard methodologies to estimate benefits and costs based on information provided by national, state, and local I&R network collaborators in selected sites, as well as insights gained from the literature on information and referral services and related areas, available administrative and expenditure data, and telephone interviews with individuals who have accessed 2-1-1 services. Researchers also consulted with experts in health and human services information and referral delivery.

The key figure of interest for benefit/cost analysis is the estimated total net value to society, expressed in terms of discounted present value. Other things being equal, policymakers should pursue those interventions that maximize net societal benefits, that is, those for which the present value of societal benefits minus societal costs is greatest. Participant and taxpayer perspectives are also important.

For this study, researchers have focused on states and regions that have had fully operational 2-1-1 systems for a minimum of 12 months. Doing so provides the opportunity to assess established benefits and costs of more "mature" systems and ensures access to data in which there may be greater confidence. The key to understanding comprehensive I&R systems and their potential value to society is the introduction of the 2-1-1 number that allows the I&R network to enhance the community's awareness of and access to information and referral services.

The value of the benefits and costs of a national three-digit telephone I&R system has been identified and estimated from three key perspectives, i.e., participants, taxpayers (or

⁷ See Boardman et al. 2001 and Gramlich, 1990.

⁸ See King et al. (1998).

⁹ See University of Nebraska Public Policy Center (2000).

government), and society. Researchers have established national benefit/cost ranges based on the data from four (4) states and seven (7) regions/localities that have chosen different 2-1-1 I&R models, including the centralized administration/single call center model, the decentralized administration/multiple call center model, and the centralized administration/multiple call center model.¹⁰ Study sites have been selected that operate in varying contexts (e.g., rural/urban/large metropolitan, single/multi-county) and with diverse funding schemes, e.g., differing combinations of federal, state, and local funding, as well as private corporate and non-profit organization support.

Perspectives

Three primary perspectives for gauging both benefits and costs are relevant for this analysis, as follows:

- *Participants*, including individuals and families, employers, and local information and referral centers, as well as health and human services providers;
- *Taxpayers (or government)*, primarily state and local public funds, but including federal, as well; and
- *Society* as a whole, which is simply the sum of participants and taxpayers, net of any taxes and/or transfers between them.

The first perspective addresses benefits and costs of 2-1-1 information and referral for participants, including individuals, families and employers seeking health and human services information, as well as those non-profit agencies and personnel who use such information. The taxpayer perspective is concerned with public costs and government benefits associated with the development, implementation, and operations of a 2-1-1 network and can be viewed as the non-participants. Finally, the analysis is concerned, first and foremost, with the net value to society as a whole.

Time Period

2-1-1 has been introduced at different points in time over a six year span across the study sites (1997-2002), and the length of time for which they have been “fully operational” varies accordingly from two to five years. Expenditure data used for the cost and net value analyses is that reported for the most recently completed fiscal year of each site as of July 1, 2004. For most this was FY 2003; for two sites FY 2004 ended before that date. The ten-year time period for projecting results is Fiscal Years (FYs) 2005 through 2014. The ten-year time span is somewhat arbitrary. There are arguments for using both shorter and longer periods. The brief lifespan of communications technology might dictate using an even shorter period, e.g., three to five years. However, a period of 15-20 years would be sufficiently long for more of the benefits to be realized and could be justified as well. Researchers have adopted the ten-year period for the analysis as a practical compromise.

¹⁰ See Cunningham, Pelletier, and Strover (2003) for details of this classification.

Discount Rate

Since the benefits and costs from operating 2-1-1 systems accrue over time and are expected to vary from year to year, it is necessary to discount both benefits and costs to present value to render them comparable. Discounting benefits and costs accounts for the fact the people value current dollars more than they do future dollars and allows such benefits and costs to be compared appropriately in *net present value* terms.

There are two leading choices for discount rates to use with general public investments.¹¹ First, Congressional Budget Office (CBO) guidelines call for applying a 2 percent discount rate as an estimate of the real yield on Treasury debt. Second, Government Accountability Office (GAO) guidelines recommend applying a rate approximating the expected average yield on Treasury debt maturing between one year and the expected life of the proposed project (i.e., ten years), minus the forecasted rate of inflation, resulting in a 3.5 percent rate.¹² The research has adopted a *3 percent discount rate* for this analysis as a practical compromise. Alternative discount rates also could be utilized to provide a *range* of estimated net benefits for policymakers and practitioners to consider.

Valuation Formulas

Researchers have developed a series of formulas to estimate the key benefits of a national 2-1-1 network from the participant, taxpayer, and society perspectives. Researchers have selected those benefits for which monetization by means of a valuation formula is feasible. The valuation formulas are based on standards and practices documented in the benefit/cost literature, the interviews with clients and I & R professionals, and assumptions regarding magnitude, frequency, and attribution developed by the researchers. As suggested by an advisory group, the benefit valuation formulas are constructed around more cost effective practices that were encountered during the field work and applied nationally. Their use is dependent upon the availability of supportive data.

Ideally, all relevant benefits and costs associated with operating a comprehensive 2-1-1 system would be both known and quantifiable, so that they could be factored into the analysis for consideration by policymakers, practitioners, and researchers. In fact, this is rarely the case in such analyses. Instead, typically much more is known and measurable for costs than for benefits. This clearly is the case for state/local 2-1-1 systems and the estimation of benefit and costs for such systems nationwide.

Table 1 displays an array of potential 2-1-1 benefits. Ray Marshall Center researchers, in consultation with practitioners and participants, thoroughly scrutinized this list of potential benefits, identifying and setting aside those whose connection to 2-1-1 operations were either too indirect, too imprecise, or too ambiguous. Benefits that appeared to be attributable to 2-1-1 operations, but which could not be easily quantified, were retained but placed “below the line” for consideration once all of the possible approaches to quantification had been exhausted. Specific valuation formulas were prepared for the others.

¹¹ See Boardman et al. (2001).

¹² Researchers have not done so here, in part because, with such small variation in the rates that might be used — say 2-4 percent — and over such a short time period, the resulting benefit and cost estimates would not vary that much.

Quantifiable v. Non-Quantifiable Benefits and Costs

Table 1: Potential Benefits from a National 2-1-1 Information and Referral System

Perspective	Potential Benefit
PARTICIPANTS	
Individual/ Family	<p>Expanded coverage, particularly counties not currently served by I&R system.</p> <p>Improved coverage by types of services in expanding database.</p> <p>One-stop call centers. Serves broader range of age/income groups/needs.</p> <p>Access to information about nearest and most appropriate resources available in adjacent or nearby locales.</p> <p>24-hour access.</p> <p>Multilingual support and hearing-impaired services.</p> <p>Quality referrals eliminates or reduces unwarranted travel time and expenses.</p> <p>Reduced emotional costs of seeking help to overcome hardship; prevents attrition, loss of hope, particularly among challenged subpopulations.</p> <p>Trained staff to help prioritize needs and match them with availability.</p> <p>Prompt information about changes in state or local programs.</p> <p>Ease of a single number (as opposed to 7 or 11 digit number local calls increasingly commonplace in large urban areas) for personal memory and sharing/communication.</p>
Local I&R Centers & Service Providers	<p>Additional marketing of services at call centers.</p> <p>Volunteer recruitment/donations tool.</p> <p>Shared data collection and management responsibilities/technical support.</p> <p>Reduced I&R burden for local staff, particularly misdirected calls.</p> <p>More effective matching of services with needs by type and location.</p> <p>Improved monitoring of referrals for services thru call centers.</p> <p>Planning/fundraising tool for individual providers and system.</p> <p>Enhanced information for community planning and collaboration.</p>
Employers	<p>Reduced absence from work in pursuit of services; may indirectly support income and workplace productivity.</p>
TAXPAYERS	
	<p>Enhanced visibility (marketing) for 2-1-1 system statewide.</p> <p>Reduced burden on 911 emergency system.</p> <p>Reduced I&R burden for local/state agency staff, particularly misdirected calls, leads to cost avoidance.</p> <p>Improved delivery of core services through redirection of government I&R staff effort to service provision.</p> <p>Redirection of clients to more appropriate services. More effective matching of services with needs by type and location.</p> <p>Improved planning information based on more extensive monitoring of comprehensive demand for services.</p> <p>Preclusion of public assistance by timely connection with appropriate intervening services.</p> <p>Public sector assistance with transition to market-based social- and self-sufficiency.</p> <p>Broad communication network for public dissemination of information about changes in state/local programs.</p>
SOCIETY	
	<p>Better and more efficient response to human needs, effectively helping to improve the general quality of life.</p> <p>Increased social capital/civic engagement.</p> <p>Provides structured opportunities for networking among stakeholders, including citizens, public sector and community-based health and human services.</p> <p>Reinforces social safety net.</p>

Fiscal and Service Delivery Data

Ray Marshall Center researchers requested and assessed fiscal (revenue flows) and service delivery (call activity) data from each site. Revenue data has been drawn from the accounting records of each site and efforts have been made to assure that public and private funding sources, as well as cost centers, have been equitably identified across sites. Only those expenditures associated with an *ongoing* 2-1-1 information and referral system are considered for cost estimation purposes.¹³

Each site was asked to provide reports covering the year prior to the introduction of 2-1-1 access, the first year of 2-1-1 access, and Fiscal Year 2003, or the latest year for which data were available. The reports provided were:

- *Budget reports* indicating the annual source of funds and allocations.
- *Expenditure reports* indicating the detailed annual expenses incurred operating the I&R service.
- *Call reports* indicating the total call volume, the volume and types of I&R requests, the volume and types of referrals, and the sources of the requests, as available.
- *Telephone reports* indicating call volumes, “phantom” or “static” calls, average response time, and average time per call, and other data, as available.

Researchers from the Ray Marshall Center collected data between March and August of 2004. Researchers sought to compile comparable expenditure data across all sites that included:

- Salaries and fringe benefits of call center administrators and staff;
- Professional fees and services, e.g. Website development, legal consultation, the preparation of operational business plans;
- Staff training and memberships, particularly cross-program training and “hand-off” procedures between 2-1-1, 3-1-1, and 9-1-1 systems;
- Database management and updates;
- Capital outlays, e.g., computers and software purchases and upgrades; and
- Communications and utilities expenditures, including spending for local exchange carriers (or LECs), tariffs, and monthly recurring, line, or per call charges.

¹³ Implementation costs, which have a high likelihood of non-comparability, have been excluded. For some sites, all 2-1-1 required was switching the phone lines, and perhaps hiring a few new staff to handle anticipated increases in call volumes. Others found it necessary to purchase new hardware and software, construct an extensive resource database, as well as to upgrade telecommunications processes and staffing capacity. Pricing structures for computer hardware/software and advances in telecommunications technology, e.g. voice over internet protocol (voIP), suggest that the timing of implementation also affects costs.

Site Visits and Other Requests for Assistance

Ray Marshall Center researchers visited the eleven participating sites between April and July 2004. The purpose of these visits was to acquire a clear understanding of the administration and operations of their 2-1-1 programs, review their data, identify all sources of expenditures, elicit perceptions of benefits, collect information to support benefit valuation formulas, and gain insights that help to explain cost variations between the several 2-1-1 information and referral programs in the analysis.

In addition to the fiscal and service delivery data, researchers requested program descriptions, management reports, organization charts, and any other available documentation about the organization and operations of the call center prior to the visit. Researchers scheduled individual interviews of 45-60 minutes with the 2-1-1 chief administrator, the site director, the fiscal officer, database manager, technology director, and information and referral specialists, among others.¹⁴

In order to further explore and justify the benefits of 2-1-1 I&R services in the community, researchers also requested the site director to identify 3-4 key organizations that either referred individuals to the call center or received referrals from the call center that would be willing to participate in a 30-40 minute on-site conversation about their relationship to 2-1-1 services. These included emergency assistance providers, homeless shelters, food banks, and other non-profit organizations, as well as state and county human service agencies, workforce centers, and other public entities that may provide better services or avoid unnecessary costs by using the 2-1-1 I&R program.

Finally, researchers asked each site to randomly solicit a first name and phone number from 60-75 callers that used 2-1-1 who were willing to participate in a voluntary and confidential, 10-15 minute telephone conversation about their experiences with 2-1-1 I&R.

Organizational Models

2-1-1 benefits and costs have been estimated under three common organizational models.¹⁵

- A *centralized* administration/single call center model in which a single call center provides I&R for the entire state and bears responsibility for system administration, telecommunications, and database management.
- A *decentralized* administration/multiple call center model in which each call center serves a defined substate area and administers service delivery structures and functions independently.
- A *hybridized centralized /decentralized* call center model in which multiple call centers serve substate areas as in a decentralized approach, but another entity has responsibility for other features of a comprehensive network as in a centralized model.

¹⁴ Researchers anticipated that knowledge and responsibility for these functional areas may reside in one or more persons, depending on the size and organizational structure of the site. Appendix A identifies site contacts.

¹⁵ This typology draws from models developed by the Telecommunications and Information Policy Institute or TIPI (see Cunningham et al. 2003).

The *centralized model* is more common in relatively small states. All calls are routed to single call center and the call center develops and maintains its own resource database. Because this model reduces duplication of service delivery, database and administrative costs, economies of scale may be more readily attained. The centralized model is represented by the state 2-1-1 efforts in Connecticut, Idaho, and Hawaii in this analysis.

The *decentralized model* is more common in larger states. Calls are routed to multiple call centers that are administered independently and serve distinct substate areas. Each call center also maintains its own database. No single entity has taken responsibility for statewide administration of 2-1-1 or its service delivery components, e.g., telecommunications structure, operating the call centers or maintaining a central database. There exists varying degrees of capacity for database sharing and call transferring between sites, for instance, forwarding of evening and week end calls or rollover capability when call capacity has peaked at a center. The decentralized model supports strong “local presence,” i.e., facilitates communication and information sharing between the call centers and community resources that are more likely to be located in the proximity. It fosters the continuation of regional call centers that have historically served substate areas, helping them to sustain their community involvement and local identity. The decentralized model is represented by Atlanta, Albuquerque, Sioux Falls, Grand Rapids, and Jacksonville in this analysis.

The *hybrid model*, which is also more likely to be found in larger states, is a combination of the centralized and decentralized models. Its efficiencies are captured by centralizing some service delivery, database, and administrative functions — generally reducing duplication and lowering costs — while sustaining local presence in the community. Call centers serve a substate area as in the decentralized model, but the state or another entity has taken administrative responsibility for other features of a comprehensive network, e.g., telecommunications structure or a statewide database, as in a centralized model. Minneapolis/St. Paul, Minnesota, Salt Lake City, Utah, and Houston/Gulf Coast, Texas represent the hybrid model in this analysis.

Scenarios

Researchers have estimated the benefits, costs, and net value of a national 2-1-1 information and referral network under four scenarios: a mixed model estimate and three single model estimates (i.e., centralized, decentralized, and hybrid). The principal scenario for estimating a more realistic national costs, benefits, and net social value is the mixed model. Under this scenario, each state is assigned to one of the three models, and the aggregate benefits and costs of all states operating under one of the three models simultaneously are the basis for a national net value estimate. The assigned model may be the model that they are presently pursuing, one that they are poised to adopt, or one that they may likely choose in the future based on potential efficiencies. Table 2 shows the models assigned to the states and the District of Columbia to generate the national mixed model estimates.

Under the three single model scenarios, each model was applied to all states and the District of Columbia, and the national estimates are based on all states operating under only one of the three models. The three single model scenarios may be more illustrative for states electing to pursue one of these approaches for their statewide organization.

Table 2: State Model Assignments

State	Model Assignments	Basis
Alabama	hybrid	TIPI: Volunteer & Information Center planning statewide database with Web access
Alaska	hybrid	TIPI: State and UW developed statewide Web accessed database
Arizona	hybrid	Governor's Council on 2-1-1 (4/2004)
Arkansas	hybrid	Assumption
California	decentralized	TIPI & LA Infoline conversations at RMC
Colorado	decentralized	TIPI
Connecticut	centralized	Fieldwork & common knowledge
Delaware	centralized	TIPI
Florida	decentralized	Fieldwork: FL is mosaic and likely to remain so.
Georgia	decentralized	Fieldwork: GA is mosaic and likely to remain so.
Hawaii	centralized	Fieldwork & common knowledge.
Idaho	centralized	Fieldwork
Illinois	hybrid	Assumption
Indiana	hybrid	TIPI: IN 2-1-1 looking at state telcom system.
Iowa	hybrid	TIPI: IA looking at central telcom and database
Kansas	hybrid	TIPI: likely central administration and decentralized delivery
Kentucky	hybrid	TIPI: KY developing statewide database
Louisiana	decentralized	Fieldwork: Preliminary analysis during recruitment phase
Maine	centralized	TIPI: One call center fed by regional resource centers
Maryland	hybrid	TIPI: Decentralized call centers, centralized administration and database
Massachusetts	hybrid	TIPI: Regional centers using statewide database and telecom/computer support.
Michigan	decentralized	Fieldwork and TIPI
Minnesota	hybrid	Fieldwork and TIPI: Centralized database and regional delivery
Mississippi	hybrid	Assumption
Missouri	hybrid	Assumption
Montana	hybrid	Assumption
Nebraska	hybrid	Nebraska PPC "Real Choice" Report
Nevada	hybrid	TIPI & 211.org: Web update

Table 2: State Model Assignments (cont.)

State	Model Assignments	Basis
New Hampshire	hybrid	211.org: Web update
New Jersey	hybrid	TIPI & 2-1-1 UWA
New Mexico	hybrid	TIPI: Regional centers using statewide administration, database and telecom/computer support
New York	hybrid	TIPI: Regional centers using statewide administration, database and telecom/computer support
North Carolina	hybrid	TIPI: Decentralized call centers; planned use of common software (Iris) and statewide web-based database
North Dakota	centralized	211.org: Web update
Ohio	decentralized	RMC: Local contact
Oklahoma	decentralized	RMC: Local contact
Oregon	hybrid	OR 2-1-1 Business Plan (5/2004) identifies state level office for oversight, TAG, database management
Pennsylvania	hybrid	RMC: Local contact
Rhode Island	centralized	TIPI identifies one call center.
South Carolina	hybrid	RMC: Local contact
South Dakota	hybrid	Fieldwork: Leaning towards hybrid model
Tennessee	decentralized	RMC: Local contact
Texas	hybrid	Fieldwork and local RMC knowledge
Utah	hybrid	Fieldwork: State has developed central database for regions
Vermont	centralized	TIPI
Virginia	hybrid	TIPI: Statewide database and DSS contracts with CSS, which administers the statewide system and subcontracts to regional call centers
Washington DC	centralized	TIPI
Washington State	hybrid	WA 2-1-1 Business Plan (2/2004) identifies central Db, shared statewide telecommunications network, and small state office
West Virginia	centralized	TIPI
Wisconsin	hybrid	TIPI: Anticipate statewide database
Wyoming	centralized	TIPI

SECTION THREE:

STUDY SITE SELECTION CRITERIA AND FEATURES

This section describes the process used for selecting the sites to participate in this national 2-1-1 benefit/cost study. It also presents some of the key features of the eleven (11) participating states and regions/localities.

Site Selection

The United Way of America and the Ray Marshall Center jointly established a number of criteria for selecting sites to include in the 2-1-1 analysis, as shown in Table 3.¹⁶ Sites targeted for inclusion in the study generally were to include:

- A mix of statewide and local/substate programs to represent the three common I&R models.
- Sites abiding by the operational standards of the national Alliance for Information and Referral Systems (AIRS) and committed to achieving full AIRS accreditation.
- Sites in which 2-1-1 access had been fully operational for at least 18 months, i.e., more “mature” sites whose service delivery arrangements, “footprint” in the community, and data collection systems were reasonably well-established.
- Sites operating in varying contexts (e.g., rural/urban/large metropolitan, single/multi-county) and with diverse funding schemes, e.g., varying combinations of federal, state, and local funding, as well as private corporate and non-profit organization support.
- Sites whose administrators were fully committed to participating in the study, including responding to data requests and cooperating with site visits.

In return for their cooperation, the Ray Marshall Center offered to prepare discrete benefit/cost estimates for each site, which might subsequently help them market the value of their services in their communities, while contributing to the development of the national benefit/cost estimate. None were requested or produced.

Five of the original twelve sites chosen for inclusion in the study declined to participate, mostly because of limited staff availability in a period of organizational transformation and severe budget constraints. Alternate sites were then contacted. Eventually, eleven sites — four (4) state and seven (7) substate/regional programs — agreed to participate.¹⁷ All participating study sites are AIRS members and ostensibly committed to attaining operational standards and full accreditation at some point. A few of the sites had only introduced 2-1-1

¹⁶ The Alliance for Information and Referral Systems (AIRS), a national membership organization of I&R providers, was also a stakeholder in the site selection process.

¹⁷ Texas is an anomaly. The 2-1-1 coverage is statewide, but Houston was selected as the study site.

Table 3: Site Selection Criteria Matrix

Site	Site Administrator	Statewide Model	Site Catchment	Population (2003)	Funding Configuration (2003)
Hawaii	Aloha United Way	Centralized	Statewide. Honolulu, Oahu County is the core population area with more dispersed populations on three-county outer islands.	1,257,608 (State Population)	About 85% comes from UW and donations; the remainder is primarily from state agency contracts.
Idaho	Idaho Department of Health and Welfare/UW/ Mountain States Group Partnership	Centralized	Statewide. Majority of population is concentrated in Boise area, the location of the call center.	1,366,332 (State Population)	DHW operates 2-1-1 Idaho and Idaho Careline at call center. UW is the 501c3 that administers the 2-1-1 Idaho Project. MSG secured private grants that provided about 37% of resources; state and federal funds provided nearly all of the rest.
Connecticut	United Way of Connecticut	Centralized	Statewide. Four larger urban areas dominate geographically small state.	3,483,372 (State Population)	Almost completely supported by state/federal dollars (about 85% of funds).
Texas, Houston	United Way of the Texas Gulf Coast	Hybrid Centralized/ Decentralized	Substate region part of Statewide program. 13 counties with Houston/Harris County as the core population area, surrounded by smaller urban/rural counties.	5,213,931 (13 County Area)	One of 25 Area Information Centers that cover the state. TIRN, housed at state agency, administers telecommunications "backbone" for AICs and shares state resources for Db Mgmt. w/AICs. Most of funding comes from United Way; about 1/5 comes from the public sector.
Minnesota	Greater Twin Cities United Way/ First Call Minnesota Partnership	Hybrid Centralized/ Decentralized.	Statewide. GTCUW service area has grown from 9 to 39 counties. Outside GTC, small urban and prevailing rural across state.	3,374,966 (Greater Twin Cities Region)	Currently five outer hubs; former 10 have collapsed due to fiscal constraints. Federal/state funds previously supported mix of non-profits but has been severely reduced. Increasingly dependent on UW funding. GTCUW supported by UW (about 65%), state/county government (about 25%), and miscellaneous provides remainder. Shares resources w/hubs.

Site Selection Criteria Matrix (cont.)

Site	Site Administrator	Statewide Model	Site Catchment	Population (2003)	Funding Configuration (2003)
Utah, Salt Lake City	2-1-1 Info Bank – Community Services Council	Hybrid Centralized/ Decentralized.	Substate. Over 43% of the state population lives in service area.	1,005,232 (3 County Area)	CSC is an independent non-profit agency formed in 1904. Over 40% of resources are from government grants; UW contributes about 15%; the remainder are mainly grants and donations.
New Mexico, Albuquerque	United Way of Central New Mexico	Decentralized	Substate. Serves a 75- mile radius, excluding Santa Fe w/60-65% of state population.	764,869 (7 County Area)	UWCNM provides 100% of the call center ongoing funding.
Michigan, Grand Rapids	Heart of West Michigan United Way	Decentralized	Substate. Several small urban areas like Grand Rapids/ Kent County dispersed throughout state. Detroit metro is core population area.	590,417 (Kent County)	United Way provides about 75% of the resources, with state/local government agencies, foundations, and non-profits providing almost all of the remainder.
Georgia, Atlanta	United Way of Metropolitan Atlanta	Decentralized	Substate. 13 counties surrounding, Metro Atlanta, the core population area.	3,204,640 (13 County Area)	Almost completely funded by UW; receives about 15% of revenue from government.
South Dakota, Sioux Falls	HELP!Line Center (40-45% of funding from UW)	Decentralized	Substate. Sioux Falls is the core population area for state. May be on track for statewide coverage.	183,919 (2 County Area)	Independent nonprofit receives funds from UW (40-45%); fed/state/local government (30-35%), and the remainder from local donations and special events.
Florida, Jacksonville	United Way Northeast Florida	Decentralized	Substate. Vast majority of the population live in Jacksonville/ Duval County.	1,412,525 (10 County Area)	About 61% of the revenues are federal/state/local government grants. The rest is mostly UW.

access within the past twelve months, requiring an adjustment of the 18-month criterion. As a group, the sites span the nation geographically and exhibit considerable variation in terms of the remaining selection criteria.

For example, Hawaii, Idaho, and Connecticut all operate a centralized statewide model, but exhibit different population concentrations and rural/urban distribution patterns. The Connecticut program is run by a private non-profit, United Way of Connecticut, which receives the majority of its funding from the public sector. In Idaho, the call center is operated as an office of a state agency, yet has received assistance from private non-profit organizations and foundations.

Minnesota has been operating under a hybrid model with state support for ten substate “hubs,” organized as First Call Minnesota, and a “flagship” 2-1-1 administrative entity, the Greater Twin Cities United Way. However, the state is reducing its support (and federal dollars it directs), the number of hubs have been consolidated to five, and call centers seem to be increasingly turning to United Way for support. In Texas, the state provided the United Way Gulf Coast, the Houston 2-1-1 entity, as well as the other 24 Area Information Centers (AICs), considerable assistance at start-up. (AICs are designed to operate the local sections of the comprehensive statewide network.) Although resources for ongoing operation are largely a local responsibility, the state continues to provide resources for database management, as well as direct administration of the statewide “backbone” of the telecommunications system for the Texas Information and Referral Network.

All of the other substate sites are currently part of decentralized statewide systems or are located in areas where statewide systems have not yet developed. They represent an array of sites with large and small catchment areas (in terms of counties served), rural/urban/ metropolitan settlement patterns, and a variety of funding streams. All are non-profit organizations. Four of them (Atlanta, Jacksonville, Grand Rapids, and Albuquerque) are local United Way affiliates; the remaining two (Salt Lake City and Sioux Falls) are independent non-profit organizations. All receive funding from United Way, ranging from about 15 percent of the budget in Salt Lake City to 100 percent in Albuquerque. Except for Albuquerque, all receive some funding through government grants and contracts, from a minimal amount in Atlanta up to more than 60 percent in others.

Site Overview: Key Features

The following provides a brief overview of the study sites, focusing on key features relevant to the benefit/cost analysis. These features are summarized in Table 4.

Connecticut. 2-1-1 Infoline is the centralized health and human services information and referral provider for the state of Connecticut. Administered by the United Way of Connecticut (UWC), approximately 85 percent of the more than \$3.7 million annual funding comes from contracts with state government. An early implementer of 2-1-1 — three digit access was introduced in January 1999 and fully operational by March of that year — Infoline enjoys widespread support of state government leadership. In fact, the governor dedicated state general revenue funds for initial implementation costs and the Department of Public Utility Control assigned 2-1-1 to Infoline prior to its reservation for health and human services by the Federal Communications Commission. Official support and a centralized call center have facilitated cooperation from telephone companies, which includes statewide cellular access.

Table 4: Site Features

Site	Call Volume	Total Expenditures	Government Share of Cost	Cost per Call	FTE IRS	FTE to Call Volume Ratio	Population	Call Volume/ Population	Call Data Source/ Organization Model
Albuquerque, NM	8,400	\$168,242	0%	\$20.03	1.65	1: 5,091	764,869 (Albuquerque Region)	1.10%	Refer/Decentralized
Atlanta, GA	268,260	\$3,479,979	5%	\$12.97	33	1: 8,123	3,204,640 (13 County Area)	8.36%	Alliance (adj.)/ Decentralized
Connecticut	281,188	\$3,733,390	85%	\$13.28	35	1: 8,053	3,483,372 (State Population)	8.09%	Refer/ Centralized
Grand Rapids, MI	46,293	\$586,459	9%	\$12.67	6	1: 7,716	590,417 (Kent County)	7.84%	Refer/Decentralized
Houston, TX*	129,984	\$693,502	22%	\$5.34	21	1:6,190	5,213,931 (13 County Area)	2.49%	Alliance/ Hybrid**
Idaho*	83,726	\$486,760	59%	\$5.81	7	1: 11,961	1,366,332 (State Population)	6.13%	IRis/Centralized
Jacksonville, FL	61,453	\$797,036	61%	\$12.97	13	1: 4,727	1,412,525 (10 County Area)	4.35%	Service Point/ Decentralized
Minneapolis, MN	297,591	\$1,104,221	22%	\$3.71	21	1: 14,171	3,374,966 (Greater Twin Cities Region)	8.82%	ODM First Call Net/Hybrid**
Salt Lake City, UT	43,417	\$290,250	40%	\$6.69	6	1: 7,236	1,005,232 (3 County Area)	4.32%	UtahCares (resources)/ Access (calls)/Hybrid**
Sioux Falls, SD	33,645	\$478,818	35%	\$14.23	7.63	1: 4,410	183,919 (2 County Area)	18.29%	IRis/Decentralized** *

*Data from FY 2004; the rest are FY 2003. Fiscal Years vary between sites. **The States of Utah and Texas each support a central resource database in a decentralized delivery model. Minnesota has a statewide resource database that emerged as a public/private collaboration in a decentralized system. ***Sioux Fall's Help Line Center has statewide special services, but provides general I&R in only two counties. Note: New Mexico, Utah, and Idaho 2-1-1 services are not available after hours. New Mexico's Population (includes parts of counties) and Call Volume are estimates.

Infoline provides both specialized and generalized services and is particularly adept at providing public information regarding special state initiatives and changes in program policies, benefits, or eligibility requirements. Infoline has a professional staff of 35 FTEs and a six-member team dedicated to expanding and managing its high quality resource database. Additionally, UWC has four regional staff that maintain a high visibility local presence and help to identify new resources, as well as market 2-1-1 services. Infoline has provided technical assistance to emerging 2-1-1 operators nationwide and manages the 211.org Web site. The center was to receive full AIRS accreditation in 2004.

Jacksonville, Florida. When the FCC ruling designating 2-1-1 for community information and referral was issued in 2000, United Way of Northeast Florida (UWNEF) applied to be the 2-1-1 provider in the area soon thereafter. Because the organization was already providing I&R services 24/7, becoming a 2-1-1 program was a natural progression. In January 2002, they began operation of 2-1-1 in Jacksonville. After a six-month trial period, marketing and promotion of the service officially began in July 2002 with a citywide announcement to community members and the press. Jacksonville is part of a decentralized statewide emergent system.

United Way of Northeast Florida's 2-1-1 program continues to operate 24 hours a day, serving ten counties in Northeast Florida. Florida Senate Bill 1276 (SB 1276) helped to wire outlying counties in the UWNEF service area to set up operations of a 2-1-1 eligibility pilot project for state social services. UWNEF has become a focal point for community collaboration, bringing together public and private non-profit entities to better address the needs of residents. Of the 1.4 million people in the Jacksonville 2-1-1 catchment area, about 800,000 live in the City of Jacksonville (Duval County). The 2-1-1 call center currently handles about 64,000 calls per year. Annual expenditures are nearly \$800,000 to operate the system, about 61 percent of which is public funding.

Atlanta, Georgia. At a cost of nearly \$3.5 million dollars, United Way of Metropolitan Atlanta 2-1-1 fields more than 265,000 calls per year while serving a 13-county area with a population of approximately 3.2 million. About 5 percent of total funding comes from the public sector. The 2-1-1 call center began operating in June of 1997 leading the way in three-digit accessed I&R, and experienced a notable increase in call volume after introducing 2-1-1. Georgia is poised to follow a decentralized path to statewide I&R services, although Atlanta is already taking after-hours calls for other sites as an efficiency measure. The site offers specialized as well as general services and recently served as a backstop for Florida I&R centers that were overwhelmed and incapacitated during the 2004 hurricane season.

Hawaii. Hawaii has a centralized call center that covers the four counties of the state. 2-1-1 became operational in July 2002. The Aloha United Way 2-1-1 system went to 24-hour service six months after becoming 2-1-1. The project enjoys strong relations with state agencies, including the Hawaii Department of Civil Defense, as well as the Departments of Health and Human Services. The relationship to 9-1-1 is significant, since 2-1-1 has been serving as a diverter for non-emergency calls, allowing 9-1-1 staff to focus on true emergencies. Unfortunately, Aloha 2-1-1 changed databases in December

2003 and is unable to retrieve historical call data. Aloha 2-1-1 serves roughly 1.25 million residents at a cost of \$364,323 per year.

Houston/Gulf Coast Area, Texas. 2-1-1 Texas-United Way Helpline in Houston serves more than 5.2 million residents in the 13-county Gulf Coast region. The majority of the residents live in Houston/Harris County metropolitan area with the remainder residing in small urban/rural areas of south east Texas. The call center provides specialized and general services and is deeply involved in the planning and resources management of health and human services in the area. About 22 percent of the nearly \$660,000 annual expenditures come from public sources. The call center provides after-hours services for approximately 80 percent of Texas; currently only the Dallas area maintains its own after-hours services. The site is one of 25 area information centers (AICs) that cover the entire geography of Texas. The state model is hybrid. The Texas Information and Referral Network, an office in the Texas Health and Human Services Commission, administers a statewide database of resources and provides the telecommunications “backbone” for the statewide system.

Idaho. Idaho was one of the early implementers of a centralized 2-1-1 statewide program, having built upon the state Department of Health and Welfare’s Idaho CareLine in a project that evolved as a public/private venture. Idaho 2-1-1 service was implemented in September 2002. In 2000, initial discussions began and an advisory board was formed with representatives from the United Way of Treasure Valley (UWTV), the Boise Junior League, St. Alphonsus Regional Medical Center, and the Mountain States Group. The State of Idaho became part of the planning process in 2001. Mountain States Group is a non-profit that provides mostly rural health services, and their expertise in grant writing was a catalyst for locating the 2-1-1 Idaho Project within their office. In 2001, they transferred the locus of services to the Department of Health and Welfare (DHW) that was already operating the Idaho CareLine in order to avoid duplication. The Idaho CareLine had been functioning since 1990, and its focus had expanded to include all health and human services by 1998. A Memorandum of Understanding (MOU) between 2-1-1 Idaho and Idaho CareLine established the latter as the 2-1-1 call center. Within this unique public/private partnership, the 2-1-1 Idaho Project administered the implementation and activation. The center serves more than 1.3 million residents at a cost of approximately \$487,000. UWTV operates a volunteer hotline accessed through the 2-1-1 Idaho CareLine call center or via the Internet. The Mountain States Group recently concluded its participation. There are no after-hours services available through the call center; the 2-1-1 database is available on line.

Grand Rapids, Michigan. The Heart of West Michigan United Way’s 2-1-1 is focused on building community connections and promoting collaboration among social service providers in their region. Planning for 2-1-1 in Grand Rapids began in January 2001, and the center was fully operational by mid-November 2002. There has been comprehensive I&R in this region since 1964. 2-1-1 in Grand Rapids serves the approximately 590,417 residents of Kent County. Annual call volume is about 46,000 at a cost of just over \$586,000. The center has strong relations with state and local agencies, and roughly 9 percent of its funding comes from public sources.

Michigan appears to be pursuing a decentralized, primarily county-based model of 2-1-1 call centers. There is a possibility that Michigan United Way may begin a 2-1-1 non-profit to create a centralized point of contact for the state to assist in raising additional funds for smaller centers and to help promote supportive legislation. Maintaining a strong local presence in 2-1-1 is highly valued.

Minnesota. Minnesota has pursued a hybrid model for statewide 2-1-1 coverage. Greater Twin Cities United Way (GTCUW) operates the central 2-1-1 call center in the Minneapolis/St. Paul metroplex as the anchor of a network of 2-1-1 regional “hubs” that cover the entire state of Minnesota. State/local government and the non-profit sector have built a state resource database. The GTCUW 2-1-1 fields nearly 300,000 calls, both specialized and general, annually at a cost of about \$1.1 million (adjusted for volunteer efforts). About 22 percent of GTCUW’s funding comes from public sources.

First Call Minnesota (FCMN) is a distinct organization coordinating the efforts of 2-1-1 providers outside of the Minnesota/Saint Paul area. (GTCUW is not a part of FCMN.) The regional hubs provide 2-1-1 coverage statewide in all other counties, although only approximately eighty percent of the Minnesotans have 2-1-1 access due to telecommunications holes in the network of certain regional telephone service providers. The five regional hubs have consolidated down from nine former hubs due to economic invariability related to the reduction of public funding. In this state of about five million people, approximately 3.4 million live in the Minneapolis/Saint Paul metropolitan region. In rural parts of the state, 2-1-1 providers prefer to keep the name FCMN, rather than re-branding their service as 2-1-1, because FCMN is well-known in their communities. The remainder of state entities take about 180,000 calls at a cost of approximately \$1.3 million annually.

Central New Mexico. United Way of Central New Mexico (UWCNM) has been in operation as an I&R call center for 20 years, but began operating in September of 2001 as a 2-1-1 call center. The smallest of the study sites, UWCNM serves a population of about 765,000 and fields fewer than 8,500 calls per year at a cost of approximately \$168,000. The 2-1-1 service area includes parts of 7 counties: The 2-1-1 call center serves a widely diverse population, including ranching communities, the poorest parts of the state, and the city of Albuquerque. The site has no after-hours services and is concerned about inundating providers and staff if it were to market services. The center receives no public funding.

Sioux Falls, South Dakota. The Help!Line Center, which has been in operation for over ten years serving as an information and referral resource for the Sioux Falls community, has been a 2-1-1 call center since October of 2001. The call center provides specialized and general I&R services from their office 24 hours per day, seven days per week. The center takes about 34,000 calls at a cost of approximately \$480,000 per year. Sioux Falls is the largest city in the state, and the Help!Line center is the only 2-1-1 program serving the two counties in the Sioux Falls area, Minnehaha and Lincoln counties, which have a population of nearly 185,000. The state model is under development, and three approaches have been suggested: a centralized plan based in Sioux Falls, a Connecticut-

like model with a central call center and regional community representatives, and a two call center model with call centers based in Rapid City and Sioux Falls.

Salt Lake City, Utah. 2-1-1 Info Bank provides I&R services that are closely aligned with the Department of Workforce Services (DWS), which also provides some human services at its One-Stop Employment Centers. DWS and the Department of Human Services (DHS) have cooperated in developing UtahCares, a statewide, Web-based resource directory for health, workforce, and human services. The Community Services Council (CSC), formed in 1904 as the first non-Mormon social service agency in Salt Lake City, operates the Info Bank, the 2-1-1 Information and Referral Call Center and the Volunteer Center.

The initial statewide goal for 2-1-1 was to have one call center in Salt Lake City to serve the entire state. Many rural communities opposed this plan, and there are now four 2-1-1 call centers in a hybrid model for Utah. The 2-1-1 Info Bank call center serves Salt Lake County, Tooele County, and Summit County; 43 percent of Utah residents live in this three-county service area. Serving a total population of just over 1 million residents, the center fields about 44,000 calls at a cost of \$290,000 annually. About 40 percent of its funding is from the public sector.

SECTION FOUR: BENEFITS

From the range of potential and commonly articulated benefits associated with 2-1-1 information and referral, researchers from the Ray Marshall Center have selected those for which monetization by means of a valuation formula is feasible. Several other benefits have also been identified that have a tangible association with call center services, but at this time elude monetization. The valuation formulas for the benefits are based on established standards and practices documented in the literature of benefit/cost estimation, interviews granted by clients and I & R professionals, and assumptions regarding magnitude, frequency, and attribution developed by researchers at the Ray Marshall Center. The benefit valuation formulas are constructed around cost effective practices that were encountered during the fieldwork and upon the availability of reasonably supportive data.

The actual call volume, sources of the call (e.g., individual, agency, or other), types of services requested, and the types of referrals made are important factors that are used to identify and estimate the types and quantities of benefits yielded by a projected national 2-1-1 information and referral network. These factors “seed” the benefit valuation formulas. Benefits are presented from the perspectives of participants, taxpayers, and society as a whole under four scenarios: the mixed model scenario and the three single model (i.e., centralized, decentralized, and hybrid) scenarios. Since the population, its I&R needs, and the operational context are constant for each model, there is little variation in total benefits estimated.

Estimating Call Volume

Call volume is a critical parameter in estimating costs and benefits. To estimate benefits, Ray Marshall Center researchers modeled anticipated call volume nationally as a function of call volume to population rates (or penetration rates) in the more “mature” 2-1-1 sites selected for this analysis, the assumption being that the penetration rate would be equivalent in a fully operational national 2-1-1 network. Data on total calls and population for each of the sites were used to calculate a rate of 6.09 percent (Table 5).

These data can be understood visually with the aid of the Figure 1. There is considerable variation in call volume/population ratios among the sites. Although Sioux Falls and Albuquerque are outliers, the populations that they serve are relatively small and their penetration rates very minimally influence the weighted average.¹⁸

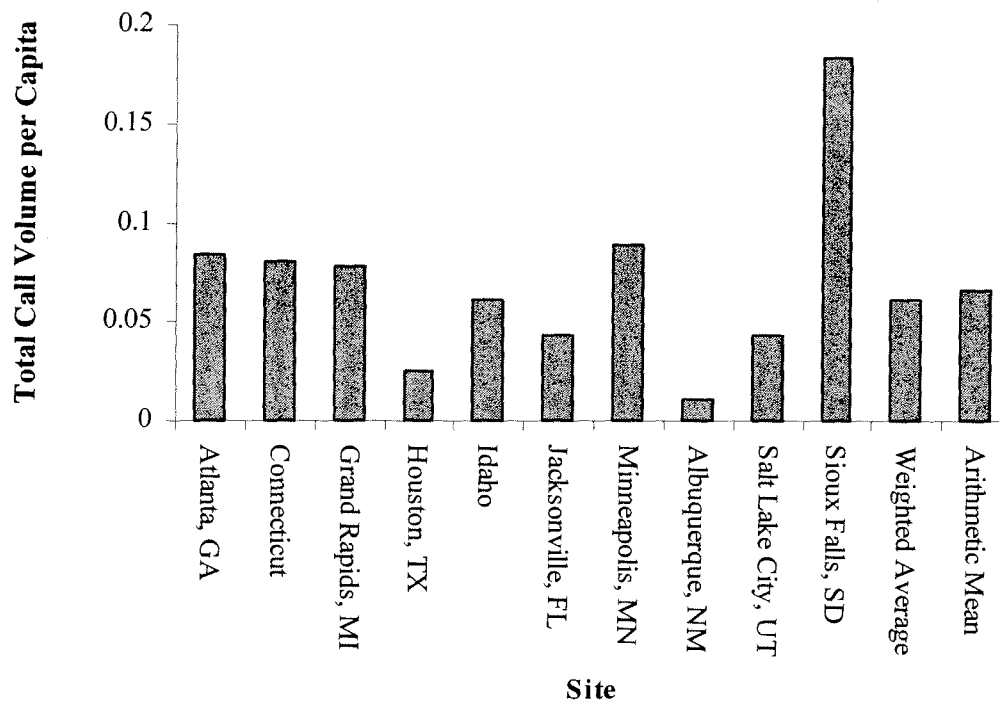
Researchers have also estimated an after hours call volume to population rate of 0.56 percent for use in the valuation formulas. Details regarding the estimation method are found in Appendix E.

¹⁸ Note that call volume to population is a proxy for true penetration since anonymous individuals may make more than one call.

Table 5: Call Volume and Population

Site	Call Volume	Population	Call Volume/ Population
Atlanta, GA	268,260	3,204,640	0.0837
Connecticut	281,188	3,483,372	0.0807
Grand Rapids, MI	46,293	590,417	0.0784
Houston, TX	129,984	5,213,931	0.0249
Idaho	83,726	1,366,332	0.0613
Jacksonville, FL	61,453	1,412,525	0.0435
Minneapolis, MN	297,591	3,374,966	0.0882
Albuquerque, NM	8,400	764,869	0.0110
Salt Lake City, UT	43,417	1,005,232	0.0432
Sioux Falls, SD	33,645	183,919	0.1829
Sum	1,253,957	20,600,203	
Weighted Average			0.0609
Arithmetic Mean			0.0698

Figure 1: Call Volume per Capita



Conversations with 2-1-1 Customers

Researchers conducted guided conversations about 2-1-1 I&R experiences with a convenience sample of 239 individuals, including members of the general public and employees of local human service providers. These individuals had voluntarily agreed to talk with researchers, and ten of the eleven participating sites provided contact information.¹⁹ The responses generally reinforced the commonly perceived positive attributes of 2-1-1 and, perhaps more germane to this analysis, have helped to estimate the benefits that accrue to those who call. (Appendix D contains complete results.) Additionally, the results indicate that callers appear to be very satisfied with the quality of services provided.

Among the benefits identified that influenced the valuation formulas are:

- *Time-saving.* Forty-four percent of the respondent acknowledged saving time, including time at work or avoiding time off work, minimally of about 15 minutes because of 2-1-1.
- *Misdirected calls.* 2-1-1 redirects inappropriate calls to emergency assistance and avoids the cost of directory assistance. Eight percent had called 9-1-1 for services that they now know 2-1-1 can provide, and seven percent had previously used 4-1-1 to locate services.
- *After hours access.* Twenty-one percent of the respondents had used 2-1-1 on weekends and in the evenings.
- *Employer services.* Eight percent of the respondents had been told about 2-1-1 by their employer (Figure 2). (I&R Specialists interviewed also indicated that employers themselves often call 2-1-1 seeking assistance for employees.)
- *Ancillary Services.* Public agencies (17 percent) and non-profit agencies (12 percent) are regularly informing and referring clients to 2-1-1 for assistance.

Benefits commonly attributed to 2-1-1 were also validated in these interviews. When asked how they benefited most from 2-1-1, respondents mentioned that they valued:

- Speed, ease of access (43%)
- Reliable and accurate information (25%)
- Quantity of information (17 %)

The importance of human contact was recognized (12%), though there were those (12%) who felt that they did not benefit at all. Researchers also found that within this sample of callers:

- Most (93%) had received the information they sought, thought 2-1-1 made it easier to find help (93%), and would use the services again (97%).

¹⁹ One site was unable to assist because of their confidentiality policy.

Figure 2: Where Callers Learned About 2-1-1

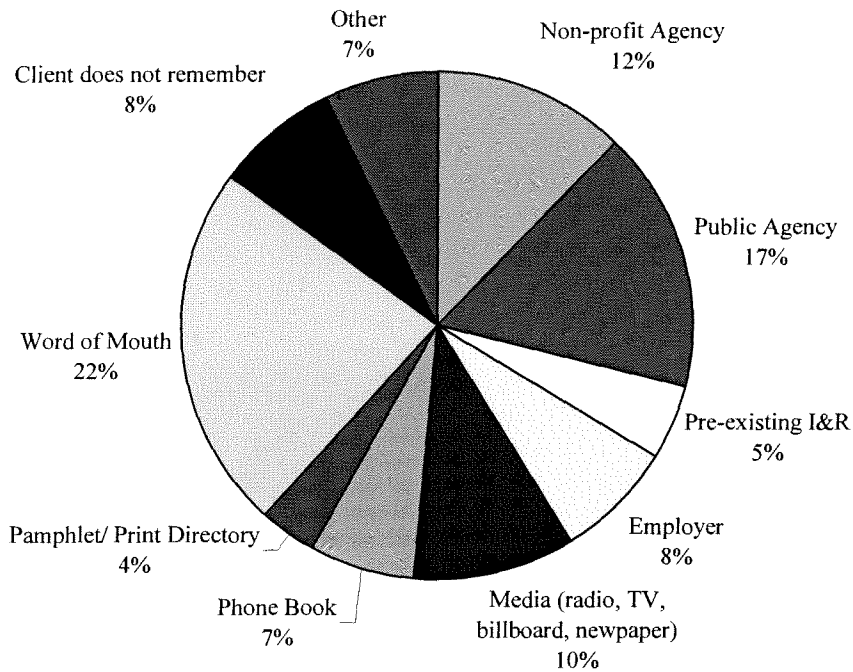
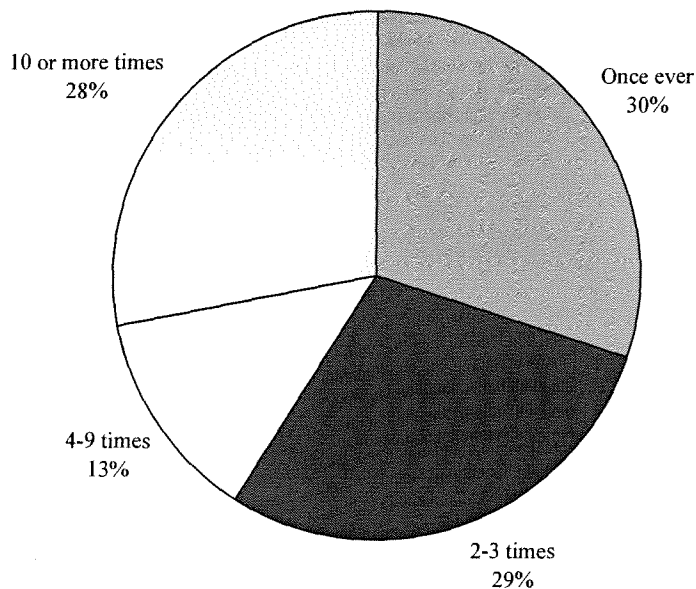


Figure 2 also suggests that “Word of Mouth” may be a more common marketing tool than “Pamphlet/Directory” or “Media.”

One final influence on the valuation formulas is the factoring of multiple callers into the estimates based on call volume. As Figure 3 indicates, most had called 2-1-1 just once (30%) or two to three times (29%), but many (28%) had also called more than ten times.

Figure 3: Caller Frequency



Measurable Benefits

Measurable benefits include:

The value of the time saved by human service or other professionals and members of the general public who use 2-1-1 to address their needs. Professionals in the field who use 2-1-1 to better serve their clients and individuals who access the system for personal requests firmly established the time and effort saving quality of 2-1-1. The number is simple to remember, accessible to everyone at no cost, multilingually accessible, and can support general as well as specialized services.

Forty-four percent of the individuals who have used 2-1-1 and participated in a telephone interview as part of this study, noted that its accessibility saved them time, including time at work, ranging from fifteen minutes to two days (in an exceptional case requiring extensive travel). The valuation formula is: total call volume * 0.44 (the number of callers) * .25 hours (time saved) * \$13.00 (a modest wage for a mix of professionals and individuals from the general public who use 2-1-1).

The value of this benefit is an estimated at nearly \$25 million in the first year, over \$270 million for ten years, and approaches \$240 million over ten years reduced to net present value.

The value of the time and costs saved by individuals referred to volunteer income tax assistance, as well as the marginal increase in the value of the dollars recovered by the individuals to the community. 2-1-1 sites play an active role in providing eligibility information and referrals to individuals who have limited or moderate incomes, limited English skills, or are elderly or disabled to voluntary tax assistance programs. Such efforts have helped thousands of people capture millions of dollars in tax returns, Earned Income Tax Credits, Child Tax Credits, and other transfers to their households and communities. 2-1-1 facilitates access to no-cost tax assistance and this capture of revenue; it is reasonable to attribute a small share of these as benefits to the participants. The value of tax returns however is a transfer from the public sector to participants and is removed ('netted out') in the calculation of total benefits to society.

Based on the average number of tax assistance referrals in three sites and the number of referrals that completed returns in one-site, researchers estimated the percent of calls resulting in tax assistance at .009. The value of the tax return and the value of the tax preparation have been estimated as a function of the proportionate effort to making the referral and filing the return. Based on conversations with tax professionals, researchers estimated that the average return may take less than 30 minutes to prepare using tax software and that the minimum time for screening the caller for eligibility and making the referral is two minutes or about 1/15 of the tax preparation time. For estimation purposes, researchers halved this amount to be conservative and used 1/30 as the proportionate effort variable. The average tax return has been estimated from reports from voluntary tax providers provided by sites or reported on the Web site.

Thus, the value of taxes returned attributed to 2-1-1 is estimated by the following valuation formula: the value of tax returns equals the total call volume*.009 (referrals served) * \$44.44 (or 1/30 of the average return).

Similarly, the value of the tax assistance is estimated at \$5.30 (or 1/30 of the average filing fee in the private sector according to tax professionals and reported by voluntary tax assistance providers) * the number of returns filed.

Using these parameters the value of taxes recovered is just over \$7.2 million in the first year, nearly \$76 million over ten years, and \$66.4 million over ten years reduced to net present value. The value of tax assistance is approximately \$862,000 in the first year, just above \$9 million for ten years, and \$7.9 million over ten years reduced to net present value.

One I&R call center documented 741 referrals who qualified for and received free income tax preparation services. This assistance encourages individuals to file, simplifies filing, and eliminates tax preparation fees. By making referrals, the 2-1-1 call center contributed to the return of over \$940,000 in credits and refunds to the community.

The value to individuals, as well as public and non-profit agencies, of 24/7 access to I&R services. After-hours accessibility is convenient for individuals, particularly those with daytime obligations or those who are having difficulty or seeking assistance when most social services are not available. Providers in the community can rest assured that prospective clients can receive some assistance at times when they are not available. Some have calls forwarded to 2-1-1 for a fee; others suggest calling 2-1-1 in their recorded telephone message.

The valuation formula for 24/7 access is based on the number of estimated after-hours calls * the median price of after-hours calls for individuals and agencies in two sites that contract for after-hours service (\$3.60 for individuals and agencies). In effect, this is a premium value above the cost of a regular hours call.

The value of after-hours calls is estimated at approximately \$6 million in the first year and \$55 million over ten years reduced to net present value for individuals and \$8.6 million in the first year and nearly \$80 million for agencies over ten years.

Volunteer referrals and placements through 2-1-1 make it easier for individuals to match opportunities with their interest. One call center's referrals facilitated nearly 65,000 volunteer staff hours worth an estimated value of over \$1,066,000.

The value of quantifying unmet needs and mapping resources as a community assessment and planning tool. Almost all of the sites use the information regarding requests and referrals to assess community needs. Tracking of unmet needs provides a basis for assessing the lack of resources.

The valuation formula is based on a conservative estimate for producing one report in each of the 370 MSAs in the nation per year at a cost of \$15,000 for the report for a total of \$5.5 million in the first year, above \$55 million for ten years, and nearly \$49 million over ten years reduced to net present value.

The value of 2-1-1 as a broker of volunteer opportunities and placements. Similarly, 2-1-1 is increasingly active in the arena of volunteer/donor matching. 2-1-1 provides the opportunity to “give back” to the community. Thousands of volunteer hours are facilitated by 2-1-1, and material donors are directed to locations where their gifts may be most needed and appropriate.

Based on the number of volunteer placements and volunteer hours in one site that has closely tracked these referrals, researchers have estimated a prospective volunteer placement rate of .2 percent of call volume for an average of 16.53 hours per year at the rate of \$17.19 an hour (in line with independent sector.org calculations). At this rate, the value of volunteer referrals is nearly \$103 million in the first year and approximately \$943 million over ten years reduced to net present value.

The value of time-saved from the avoidance of misdirected phone calls to or redirected phone calls from public and private health and human service agencies. The availability of simple 2-1-1 access for health and human services information and referral diverts calls from other potential I&R providers saving them time and freeing staff to provide better services. Eleven percent of the callers in the telephone survey indicated that they used to call a public agency for information prior to using 2-1-1, and an additional 4 percent called a non-profit agency.²⁰

Researchers conservatively estimated the value of time saved from avoiding misdirected calls as 2.5 percent of call volume multiplied by cost per call. Since cost per call varies under the different models, this benefit ranges from \$2.7 million to \$7.1 million in the first year and between nearly \$22 million and \$66 million over ten years reduced to net present value.

The value of information regarding eligibility and documentation requirements of public health and human services. The object event is the marginal reduction of cases “pending” during eligibility determination for public assistance, including Food Stamps, TANF, and

²⁰ The Bureau of Economic and Business Research at the University of Florida reports that up to 30 percent of I&R calls in some areas come from public human services agencies. Civil Society Consulting Group, et al. (December 2003).

Medicaid, because of inadequate documentation or other avoidable circumstances, given the proper information in advance. Repeat trips to the human services office can be eliminated for the client, and providers can avoid rescheduling. This is just one small way in which 2-1-1 I&R provides support to the public sector.²¹

Based on an agency referral rate of 8 percent, an average pending case turn around time of 1.5 hours (in Texas), and a conservative staff wages and benefits estimate of \$15 per hour or \$30,000 per year, researchers estimate that pre-certification information can save agencies over \$32 million in the first year and nearly \$300 million over ten years reduced to net present value.

The value of non-reimbursed public service to state and local government. 2-1-1 I&R centers regularly provide pro bono service for special projects and announcements for state and local government, such as "Beat the Heat" programs which distribute air conditioners to low income residents and other special initiatives. They can quickly become sources of information regarding events of immediate public concern like Asian bird flu or West Nile disease. Some have argued that 2-1-1 is more flexible and capable than government for putting new information and opportunities in public focus.

Based on the level of effort leading-edge sites have reported, the support provided to agencies that is not reimbursed has been estimated at 5 percent of total call volume multiplied by the cost per call. Since cost per call varies under the different models, this benefit ranges from \$4.7 million to \$14.3 million in the first year and between nearly \$43.5 million and \$131 million over ten years reduced to net present value.

The value of reducing duplicative call centers and associated database set-up, maintenance, and staffing among public and private non-profit entities. The nation is prepared to make considerable investments in public safety and disaster relief infrastructure and capacity in response to events of natural or human emergency. From hurricanes and floods to bioterrorism, 2-1-1 call centers that operate 24/7 year round appear to be the logical platform for building emergency response communication capacity for occasional events.²² On a daily basis, 2-1-1 reduces the need for other entities to develop, maintain, and operate I&R systems for purposes that can be effectively addressed at the call center.

Based on the array of total start-up costs for the sites and the cost avoidance data provided by a few agencies and individuals, researchers estimate that developing and maintaining an alternate call center for emergency purposes would cost \$300,000 per state to start and at least \$50,000 per year to operate. The value to the nation potentially provided through

²¹ While conducting research for a proposed integrated eligibility system, the Texas Health and Human Services Commission noted that 72 percent of the eligibility determination appointments that they observed were "pending" for additional verification (Texas HHSC, 2004).

²² According to pending legislation, "the 108th Congress recognized the value of 2-1-1 telephone service in community preparedness and response by including use of that telephone number for public information as an allowable use of funds under grants for preparedness and response to bioterrorism and other public health emergencies under section 319C-1 of the Public Health Service Act (42 U.S.C. 247d-3a), as added by section 131 of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188)." See HB 3111 and SB1630. Several sites have begun negotiations to secure supplemental funding for the provision of such services.

existing call centers thus would be \$15.3 million in the first year and \$35 million over a ten year period reduced to net present value.

In 1997, a county social services agency—only one of well over a dozen served by a single 2-1-1 I&R center—invested \$265,000 in a comprehensive resource data base for statewide use. The county estimates that it is saving more than \$106,000 a year in database maintenance and personnel costs for the I&R system that it no longer operates.

The value of redirecting inappropriate phone calls from 9-1-1 to 2-1-1. Although field work suggests that collaboration between these three-digit access lines is minimal in several sites, it is nonetheless promising and effective in some sites. Eight percent of the callers surveyed said that they had previously called 9-1-1 for service that they now know they can access through 2-1-1. Assuming that this is a one-time change in caller behavior, researchers have estimated that 5 percent of callers would avoid calling 9-1-1 annually as the system rolls-out. At the conservative cost of \$13.59 for a 9-1-1 call, the estimated savings is more than \$12 million in the first year and nearly \$113 million over ten years. This does not consider the effect of freeing emergency responders to address significant human needs.

Below-the-Line Benefits

There are other site specific benefits that have been identified related to special programs and community relationships that we have not placed a value on. For instance, one site has an “Ask a Nurse” line that gives access to free medical consultation, a process which reportedly has diverted unnecessary trips to the emergency room and calls to emergency medical services. In a few sites, the 2-1-1 call centers regularly facilitate the packaging of emergency cash assistance; they actually advocate the cases and advance the money to individuals and families in need while local foundations and other funders process the requests through their bureaucracies.

A few of the other obvious benefits that we have not been able to monetize include the:

- Value of rapid, humane response to individuals and families in need of assistance with basic subsistence. The offer of hope, the speed with which an option or solution can be provided at a time of distress is immeasurable.
- Value of local collaborations in which 2-1-1 served as the nexus for attracting resources and providers in the community to deliberate and respond to human needs.
- Value to high school counselors and instructors, who in some school districts regularly use 2-1-1 to identify resources appropriate to the situations of their students.

- Value of early intervention, particularly in crisis situations involving mental health and suicidal tendencies or in housing assistance that may prevent a spiral into homelessness and destitution.
- Value of 2-1-1 as a resource for employment entry and retention. 2-1-1 call centers regularly make referrals to public job training and employment services that are likely resulting in job placement rates at least equivalent to those of the general public that seek assistance from One-Stop Career Centers. Once employed, 2-1-1 may also help retain employment by facilitating access to ancillary services that support the work effort, ranging from rent and housing assistance to child care.

Benefit Estimates for National 2-1-1 Information and Referral Network

Researchers have estimated the benefits of a national 2-1-1 information and referral network from the perspectives of participants, taxpayers, and society under four scenarios: a mixed model estimate and three single model estimates (i.e., centralized, decentralized, and hybrid). The principal scenario for estimating more realistic national costs, benefits, and net value is the mixed model. Under this scenario, each state is assigned to one of the three models. This may be the model that they are presently pursuing, one that they are poised to adopt, or one that they may likely choose in the future based on potential efficiencies, as described earlier. The three single model scenarios may be illustrative for states electing to pursue one of these approaches for their statewide organization.

Mixed Model Benefits. Under the mixed model scenario nearly 65 percent of the benefits for which a monetary value has been estimated accrue to participants, i.e., the individuals, families and organizations who access 2-1-1 assistance.

Table 6 presents the *mixed model benefit estimates* and indicates that:

- The benefit to participants is above \$150 million in the first year. The benefit is nearly \$1.6 billion over ten years and converts to about \$1.4 billion, discounted to net present value.
- The benefit to taxpayers is above \$86 million in the first year. The benefit is above \$780 million over ten years and converts to about \$686 million, discounted to net present value.
- The benefit to society approaches \$230 million in the first year. The benefit is nearly \$2.3 billion over ten years and converts to about \$2 billion, discounted to net present value.

Table 6: Mixed Model Benefit Summary

	First Year Benefit	Ten Year Total Benefits	Present Value of Benefits
Participants			
Individuals/Families			
Value of Time Saved	\$24,839,870	\$271,989,646	\$237,822,578
Value of Tax Assistance	\$861,963	\$9,036,547	\$7,919,361
Value of Taxes Recovered	\$7,228,203	\$75,778,175	\$66,409,735
Value of 24/7 Access	\$5,981,961	\$62,712,972	\$54,959,780
Organizations			
Volunteer recruitment	\$102,694,946	\$1,076,621,070	\$943,518,629
Value of 24/7 Access	\$8,640,610	\$90,585,404	\$79,386,349
Participants Subtotal	\$150,247,553	\$1,586,723,815	\$1,390,016,433
Taxpayers			
Planning and Management	\$5,550,000	\$55,500,000	\$48,762,905
Misdirected calls (time saved)	\$4,009,567	\$42,191,568	\$36,968,138
Certification Readiness	\$32,526,913	\$341,001,787	\$298,843,806
Value of 24/7 Access	\$8,640,610	\$90,585,404	\$79,386,349
Eliminated I&R Duplication	\$15,300,000	\$38,250,000	\$35,154,578
Non-Reimbursed Services	\$8,019,134	\$84,383,135	\$73,936,275
911Redirection Benefit	\$12,278,910	\$128,728,174	\$112,813,537
Taxpayers Subtotal	86,325,134	780,640,068	685,865,588
TOTAL BENEFITS TO SOCIETY (Less taxes and transfers)	\$229,344,484	\$2,291,585,708	\$2,009,472,286

Single Model Benefits. There is little variation in the value of benefits among the three single model scenarios. The slight variation that exists is caused by the cost per call variable used in two of the taxpayer benefits: 1) the benefit of time saved by calls that go to 2-1-1 for information and referral rather than to health and human service providers; and 2) the benefit derived by the public sector for non-reimbursed services provided by 2-1-1. Participant benefits remain constant across these scenarios.

As shown in Table 7, under the *centralized model scenario*:

- The benefit to participants exceeds \$150 million in the first year. The benefit is nearly \$1.6 billion over ten years and converts to about \$1.4 billion, discounted to net present value.

- The benefit to taxpayers exceeds \$87 million in the first year. The benefits exceed \$789 million over ten years and convert to about \$694 million, discounted to net present value.
- The benefit to society exceeds \$230 million in the first year. The benefit is over \$2.3 billion over ten years and converts to about \$2 billion, discounted to net present value.

Table 7: Centralized Model Benefit Summary

	First Year Benefit	Ten Year Total Benefits	Present Value of Benefits
Participants			
Individuals/Families			
Value of Time Saved	\$24,839,870	\$271,989,646	\$237,822,578
Value of Tax Assistance	\$861,963	\$9,036,547	\$7,919,361
Value of Taxes Recovered	\$7,228,203	\$75,778,175	\$66,409,735
Value of 24/7 Access	\$5,981,961	\$62,712,972	\$54,959,780
Organizations			
Volunteer recruitment	\$102,694,946	\$1,076,621,070	\$943,518,629
Value of 24/7 Access	\$8,640,610	\$90,585,404	\$79,386,349
Participants Subtotal	\$150,247,553	\$1,586,723,815	\$1,390,016,433
Taxpayers			
State and Local Government			
Planning and Management	\$5,550,000	\$55,500,000	\$48,762,905
Misdirected calls (time saved)	\$4,312,284	\$45,208,615	\$39,619,484
Certification Readiness	\$32,526,913	\$341,001,787	\$298,843,806
Value of 24/7 Access	\$8,640,610	\$90,585,404	\$79,386,349
Eliminated I&R Duplication	\$15,300,000	\$38,250,000	\$35,154,578
Non-Reimbursed Services	\$8,624,569	\$90,417,231	\$79,238,967
911Redirection Benefit	\$12,278,910	\$128,728,174	\$112,813,537
Taxpayers Subtotal	87,233,286	789,691,211	693,819,625
TOTAL BENEFITS TO SOCIETY (Less taxes and transfers)	\$230,252,637	\$2,300,636,852	\$2,017,426,323

As shown in Table 8, under the *decentralized model scenario*:

- The benefit to participants is above \$150 million in the first year. The benefit is nearly \$1.6 billion over ten years and converts to about \$1.4 billion, discounted to net present value.
- The benefit to taxpayers is nearly \$96 million in the first year. The benefit is above \$878 million over ten years and converts to about \$772 million, discounted to net present value.

- The benefit to society approaches \$239 million in the first year. The benefit is nearly \$2.4 billion over ten years and converts to nearly \$2.1 billion, discounted to net present value.

Table 8: Decentralized Model Benefit Summary

	First Year Benefit	Ten Year Total Benefits	Present Value of Benefits
Participants			
Individuals/Families			
Value of Time Saved	\$24,839,870	\$271,989,646	\$237,822,578
Value of Tax Assistance	\$861,963	\$9,036,547	\$7,919,361
Value of Taxes Recovered	\$7,228,203	\$75,778,175	\$66,409,735
Value of 24/7 Access	\$5,981,961	\$62,712,972	\$54,959,780
Organizations			
Volunteer recruitment	\$102,694,946	\$1,076,621,070	\$943,518,629
Value of 24/7 Access	\$8,640,610	\$90,585,404	\$79,386,349
Participant Subtotal	\$150,247,553	\$1,586,723,815	\$1,390,016,433
Taxpayers			
Planning and Management	\$5,550,000	\$55,500,000	\$48,762,905
Misdirected calls (time saved)	\$7,135,218	\$74,803,352	\$65,555,429
Certification Readiness	\$32,526,913	\$341,001,787	\$298,843,806
Value of 24/7 Access	\$8,640,610	\$90,585,404	\$79,386,349
Eliminated I&R Duplication	\$15,300,000	\$38,250,000	\$35,154,578
Non-Reimbursed Services	\$14,270,436	\$149,606,703	\$131,110,858
911 Redirection Benefit	\$12,278,910	\$128,728,174	\$112,813,537
Taxpayers Subtotal	\$95,702,087	\$878,475,420	\$771,627,461
TOTAL BENEFITS TO SOCIETY (Less taxes and transfers)	\$238,721,438	\$2,389,421,061	\$2,095,234,159

As shown in Table 9, under *the hybrid model scenario*:

- The benefit to participants is above \$150 million in the first year. The benefit is nearly \$1.6 billion over ten years and converts to about \$1.4 billion, discounted to net present value.
- The benefit to taxpayers exceeds \$81.4 million in the first year. The benefit is nearly \$730 million over ten years and converts to slightly more than \$640 million, discounted to net present value.

- The benefit to society approaches \$225 million in the first year. The benefit is over \$2.2 billion over ten years and converts to nearly \$2 billion, discounted to net present value.

Table 9: Hybrid Model Benefit Summary

	First Year Benefit	Ten Year Total Benefits	Present Value of Benefits
Participants			
Individuals/Families			
Value of Time Saved	\$24,839,870	\$271,989,646	\$237,822,578
Value of Tax Assistance	\$861,963	\$9,036,547	\$7,919,361
Value of Taxes Recovered	\$7,228,203	\$75,778,175	\$66,409,735
Value of 24/7 Access	\$5,981,961	\$62,712,972	\$54,959,780
Organizations			
Volunteer recruitment	\$102,694,946	\$1,076,621,070	\$943,518,629
Value of 24/7 Access	\$8,640,610	\$90,585,404	\$79,386,349
Participants Subtotal	\$150,247,553	\$1,586,723,815	\$1,390,016,433
Taxpayers			
Planning and Management	\$5,550,000	\$55,500,000	\$48,762,905
Misdirected calls (time saved)	\$2,368,891	\$24,834,701	\$21,764,392
Certification Readiness	\$32,526,913	\$341,001,787	\$298,843,806
Value of 24/7 Access	\$8,640,610	\$90,585,404	\$79,386,349
Eliminated I&R Duplication	\$15,300,000	\$38,250,000	\$35,154,578
Non-Reimbursed Services	\$4,737,783	\$49,669,402	\$43,528,784
911Redirection Benefit	\$12,278,910	\$128,728,174	\$112,813,537
Taxpayers Subtotal	81,403,107	728,569,468	640,254,350
TOTAL BENEFITS TO SOCIETY	\$224,422,457	\$2,239,515,108	\$1,963,861,048
(Less taxes and transfers)			

SECTION FIVE: COSTS

Ray Marshall Center researchers prepared national estimates of the costs for operating comprehensive 2-1-1 I&R systems across all states and the District of Columbia. Cost estimates are derived from expenditure and call volume data provided by the eleven study sites. These sites were selected as fully operational 2-1-1 call centers whose data could be used to estimate the costs of a fully operational national network.

Total expenditures at each site have been divided by total call volume to produce an average cost per call for each site. Average cost per call for the centralized, decentralized, and hybrid models have also been produced by aggregating call volume and expenditure data for those sites pursuing the same model and by performing the same basic calculation, i.e., dividing total expenditures by total call volume.

Four approaches have been used to develop the national cost estimates. The first approach assigns to each state one of the three models based on the present status or intent regarding which model will be implemented or, in the event that no statewide approach has yet been formulated, the most efficient and likely model. The three remaining approaches assume that a single model (i.e., centralized, decentralized, or hybrid) is adopted nationwide and estimate national costs on that basis. Before revealing these cost estimates, this section discusses some of the variation in total expenditure patterns among sites and probes different factors that may be associated with variation in cost per call.

Expenditures by Site

Total expenditures per site range from a low of around \$168,000 in Albuquerque to more than \$3.7 million in Connecticut. Figure 4 portrays the magnitude of expenditure differences across sites. Whereas this array is to be expected, given the catchment, population, and specialized or contracted services variations between sites, it is instructive to look at the distribution of expenditures within and across sites.

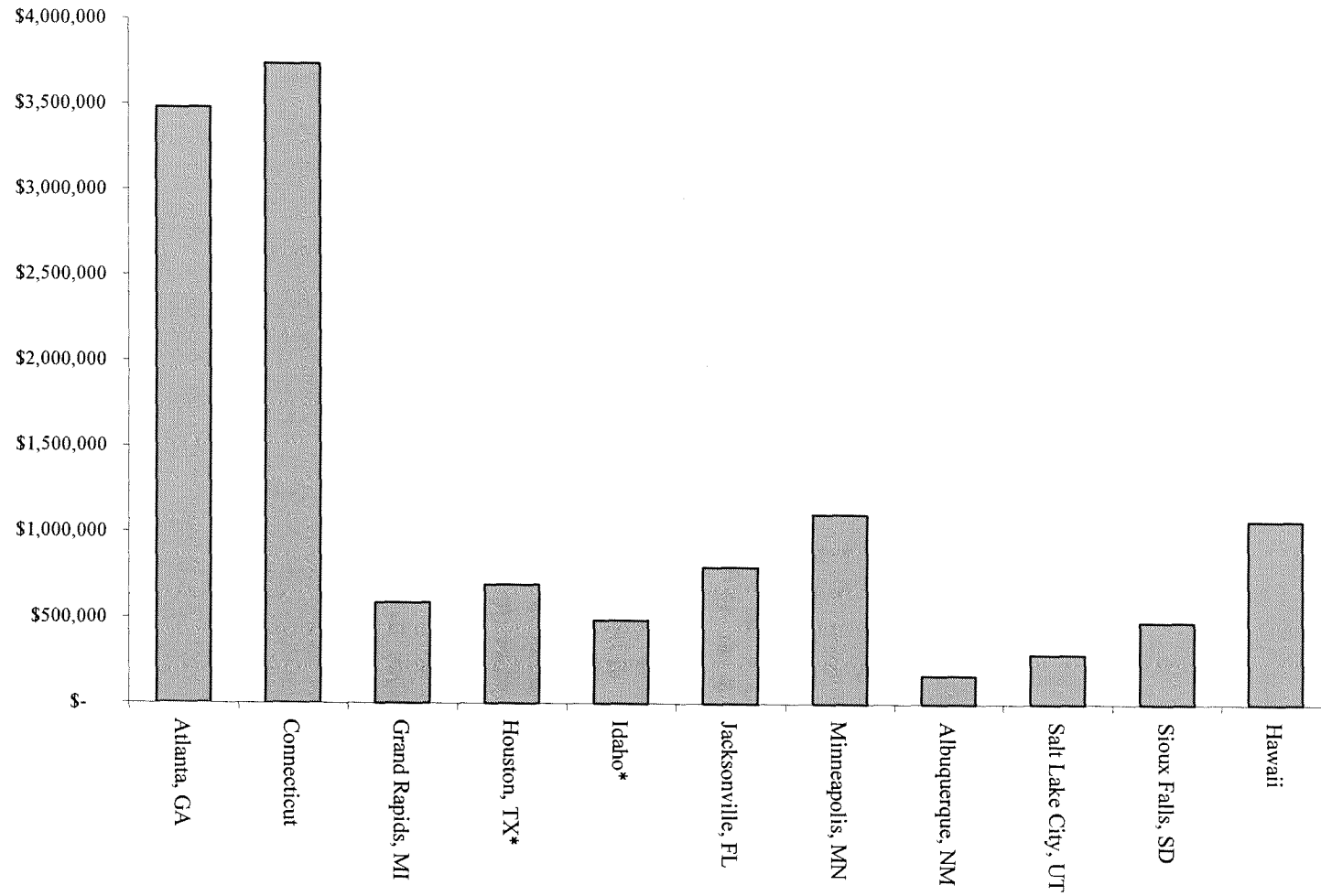
The average wage for I&R specialists is one source of variation. The average wage earned per FTE worker ranges from \$18,680 to \$32,000.²³ The median wage is \$25,527; the highest average wage exceeds the median by 25 percent and the lowest wage falls 27 percent below the median. Figure 5 portrays the distribution of I&R specialists' wages.

Figure 6 summarizes the proportion of I&R specialists' payroll costs, other staff payroll costs, administrative costs, and communications costs for each site.²⁴ Payroll costs include wages, benefits, and taxes. I&R specialists' payroll costs includes only the cost of employing those individuals whose primary work assignment is to respond to caller inquiries.

²³ Site administrators either estimated the average wage for their I&R specialists or provided a range within wages fell. In the latter instance, researchers based the estimate on the mid-point of the range. Two sites provided an hourly wage that was converted to an annual salary.

²⁴ Two sites have been eliminated from this graph because of data comparability issues.

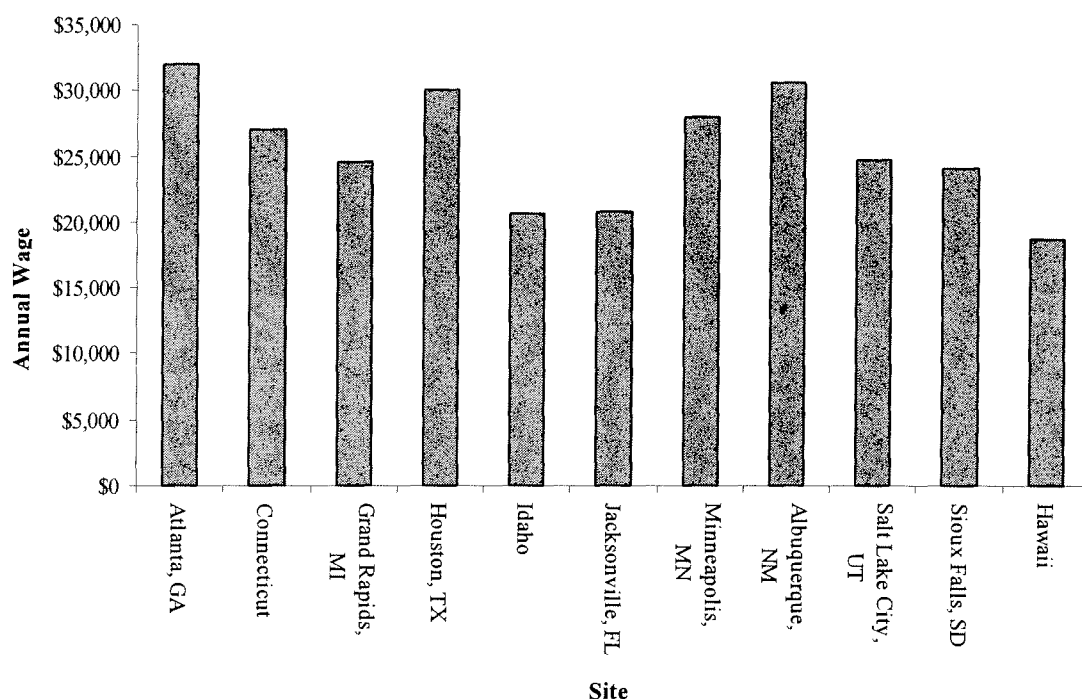
Figure 4: Total Expenditures per Site



* Expenditures in Houston and Idaho are for FY 2004; expenditures from the remaining sites are for FY 2003.

The number of FTEs is multiplied by the average salary for these workers, plus an adjustment for the fringes and taxes for the site, to estimate total payroll costs for I&R specialists. The fringe and tax multiplier varies considerably among sites, ranging from just under 10 percent to just over 30 percent, once again demonstrating the considerable variance in practices among sites.

Figure 5: I&R Specialists' Annual Wages

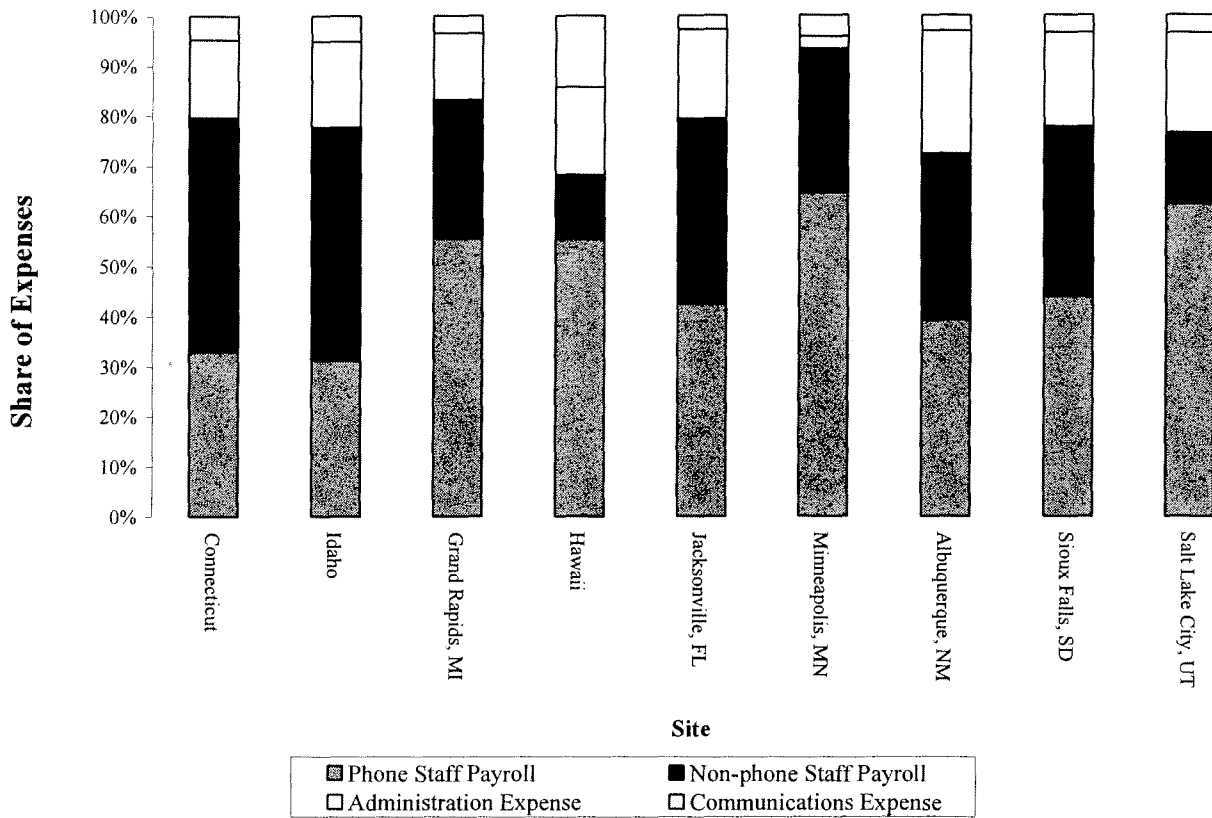


Total other payroll costs equals total payroll minus the payroll for I&R specialists. This includes administrative, professional, support staff, and (occasionally) consultant fees.

Administrative expenditures include rent, utilities (other than telecommunications expenses), supplies, printing, travel, conferences, and other ongoing operational costs.

Communications expenses include telecommunications charges — both usage- and non-usage-based — such as monthly fees for T1 lines or switching and per-line, per-minute, or per-call charges. Postage is included in this category as well.

Figure 6: Comparison of Expenses by Site



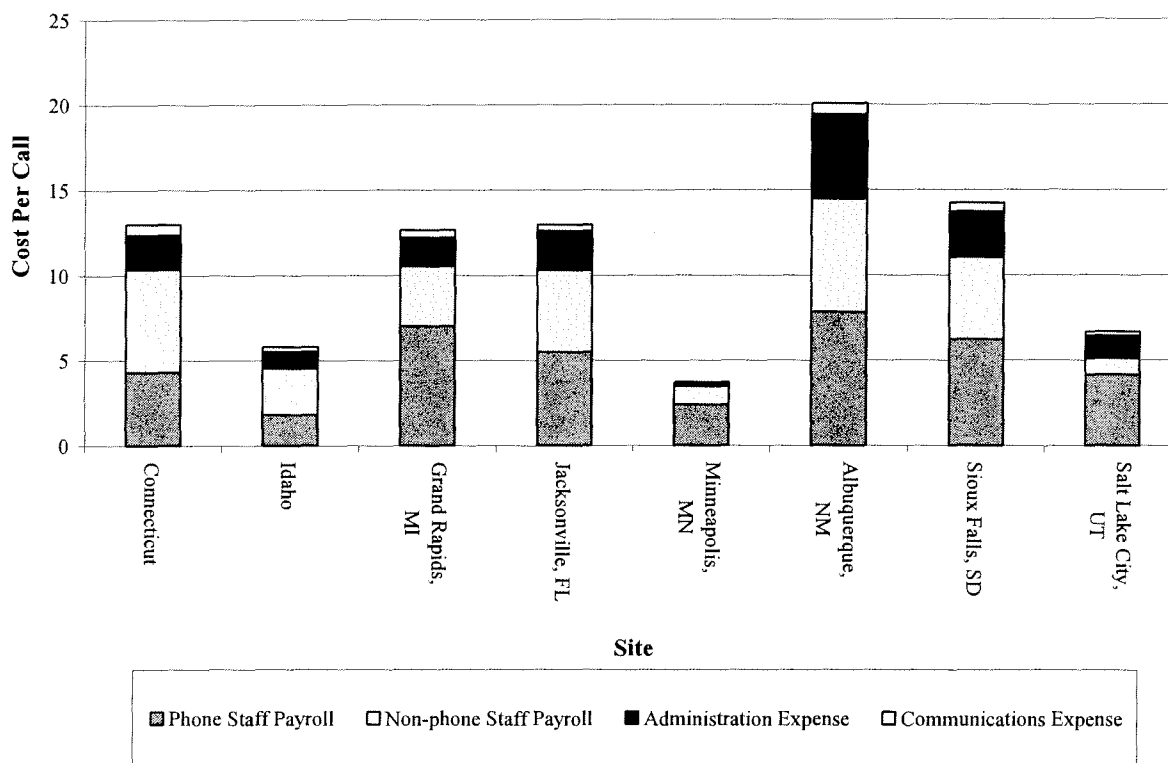
Personnel, by far, accounts for most costs in each site. The share of personnel costs ranges from 68 to 93 percent with a mean of 80 percent. Interestingly, one of the largest sources of variation in cost is the share of I&R specialist staff costs of total staff costs, which ranges from a low of 28 percent to a high of 81 percent with a mean of just over 65 percent. Administration expenses varied noticeably by site, but in no case did they comprise more than 25 percent of the total. Contrary to expectations, communication costs were a relatively small proportion of costs for most of the sites and tend to be higher in statewide sites and sites that provide after hours services for other sites.²⁵

²⁵ During field work, most administrators held the opinion that telecommunications costs could be lower. Several indicated concern that their center is charged a per call fee for phantom or static calls. Although a relatively minor share of all costs according to the analysis herein, marginal savings in telecommunications expenses could allow centers to hire additional staff to answer phones or perform other tasks, such as resource database maintenance or follow-up activities, both of which are limited in some sites due to funding and staffing constraints.

Cost per Call by Site

Cost per call at the individual sites, as noted earlier, range from \$3.71 at the Minneapolis site to just over \$20 in Albuquerque; the average cost per call is \$11.38. Continuing the approach of the previous section, it is instructive to look at the distribution of expenditure shares for the cost per call unit within and across sites, shown in Figure 7.

Figure 7: Cost per Call



This graph again demonstrates the predominance of personnel costs, in this case as a share of unit-of-service costs. It also clearly reveals the variation in shares of I&R specialists' costs and non-phone, administrator and staff costs. In one site for example, the cost of non-I&R personnel is 53 percent of the total cost of the call. I&R specialist personnel cost per call was about \$5 per call, except in two sites where it was low in comparison to other sites.²⁶

Overall, the variation in cost per call caused by salary differences is small compared with the variation that is induced by the variation of calls per FTE I&R specialist. For example, note that Minnesota has a slightly above average salary, yet has one of the lowest per-call costs

²⁶ At these two sites, the data indicate that the I&R specialists would have to be handling more than 12,000 calls per year or 47 percent more calls than workers at the next busiest site handle. This equates to 10 minutes per call consistent through every one of the 120,000 working minutes per year (assuming 2000 hours per year, and 60 minutes per hour or 120,000 available minutes divided by 12,000 to arrive at 10 minutes per call). Although this seems to be extraordinary, most sites set a calls per shift target at 60-80 calls and the University of Nebraska Public Policy Center (2000) found an average call required ten minutes.

based on their high call volume. Alternatively, Jacksonville is at the low end of the annual wage range — its annual wage was third from lowest — yet their cost per call is slightly above the average.

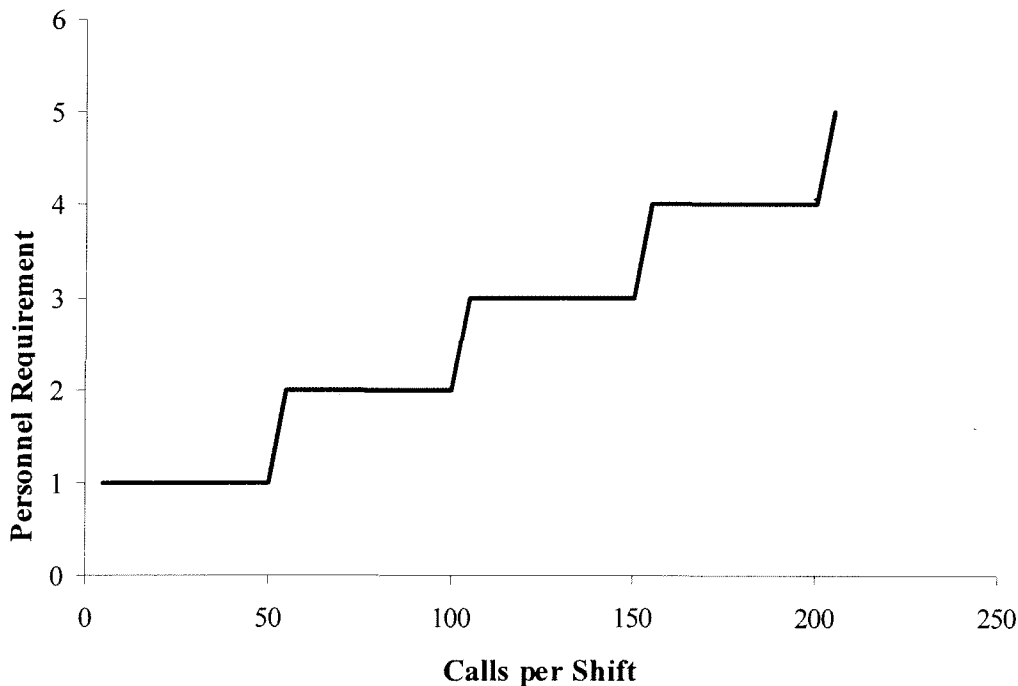
Sources of Variation

To further probe causes of variation in cost per call among sites, researchers investigated three further influences: economies of scale, the type of organizational structure, and the workload of the I&R specialists.

Economies of Scale. Economies of scale suggest that costs might be lower at higher levels of output (i.e., I&R call volume). The following discussion suggests how economies of scale can affect cost per call in an I&R setting.

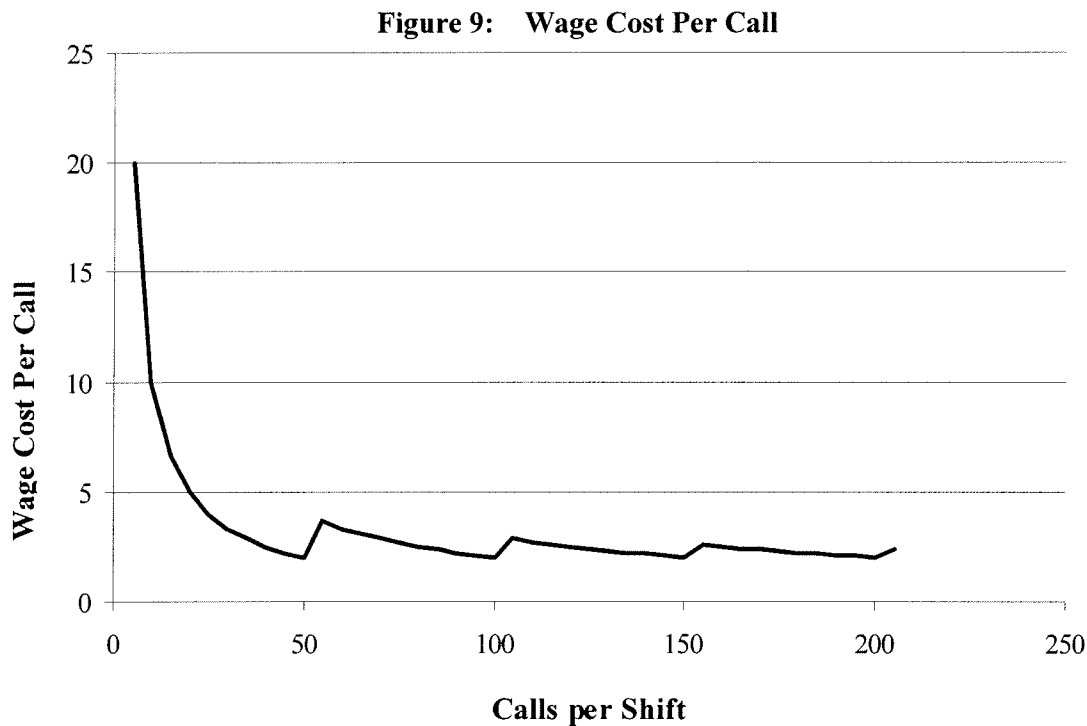
Assume that during an 8 hour shift an I&R specialists will handle 50 calls. Issues related to peak call periods, queuing, or other prospective “lumpiness” related to call volume are disregarded, assuming instead that calls are distributed smoothly over the shift.²⁷ According to this approach, whenever call volume exceeds 50 calls per specialists, additional staff need to be recruited and hired. The relationship between call volume and the human resource requirement for the shift is demonstrated by Figure 8.

Figure 8: Calls per Shift



²⁷ Several sites employ their ACD data to track peak call hours and arrange staffing accordingly.

Assuming further that the cost for a shift are \$100 per I&R specialist and disregarding other cost components, cost per call can be calculated by multiplying the number of specialists times \$100 and dividing by call volume. Figure 9 shows the cost of I&R specialist wages per call calculated this way.



The minimum cost of \$2 per call occurs at call volumes that are multiples of 5 (100, 150, etc.). When the number of calls is quite large, the cost stays fairly low because the downtime between calls is spread over a larger number of workers. However, if the number of calls per shift falls below a certain point, the cost per call goes up sharply. For this exercise, consider a call volume of 20 calls per shift, or \$5 cost per call attributed to the cost of an I&R specialist. This would generate an annual call volume of 7,300 calls. Assuming further that annual daytime calls in an area equal 0.06 times the population of an area, a population of 121,666 individuals would produce 20 calls per shift during the day. Thus, as a rule of thumb, it could be argued that unless the population of the area served by the call center is larger than 121,666, the cost per call attributed to the cost of an I&R specialist will be high.

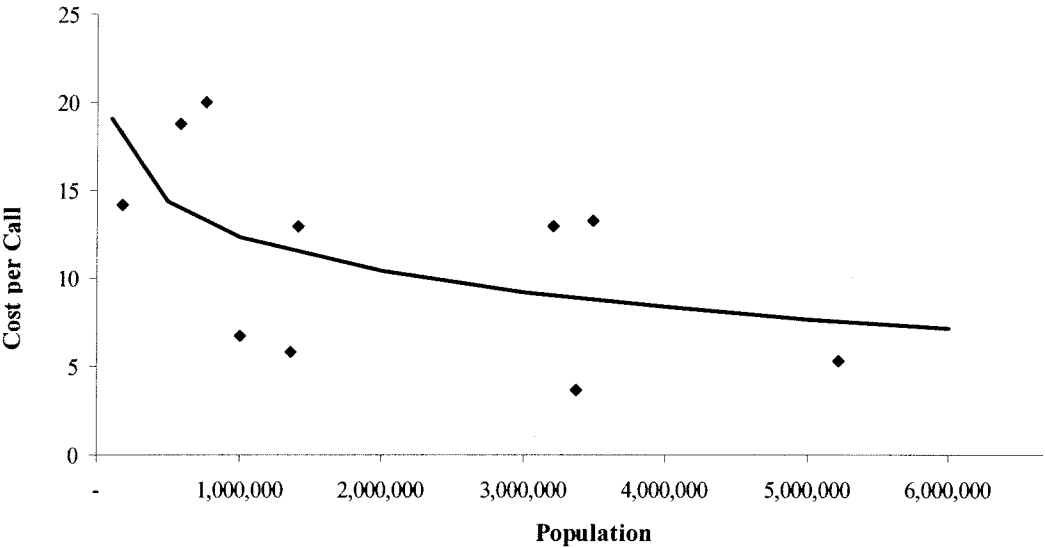
When night/after-hours calls are considered, the analysis is similar, except night calls are fewer in number than daytime calls. Assuming an after hours calls-to-population ratio of 0.0056, in order for a call center to achieve 20 calls per shift at night (or 7,300 calls annually) and avoid excessive call staff costs, the minimum population served can be estimated at 1,013,888.²⁸

Figure 10 shows actual costs per call as a function of population. The fitted line demonstrates that the larger the population served the lower the per-call cost for ten sites.

²⁸ Researchers have estimated the after hours calls to population ratio at 0.0056. See Appendix E.

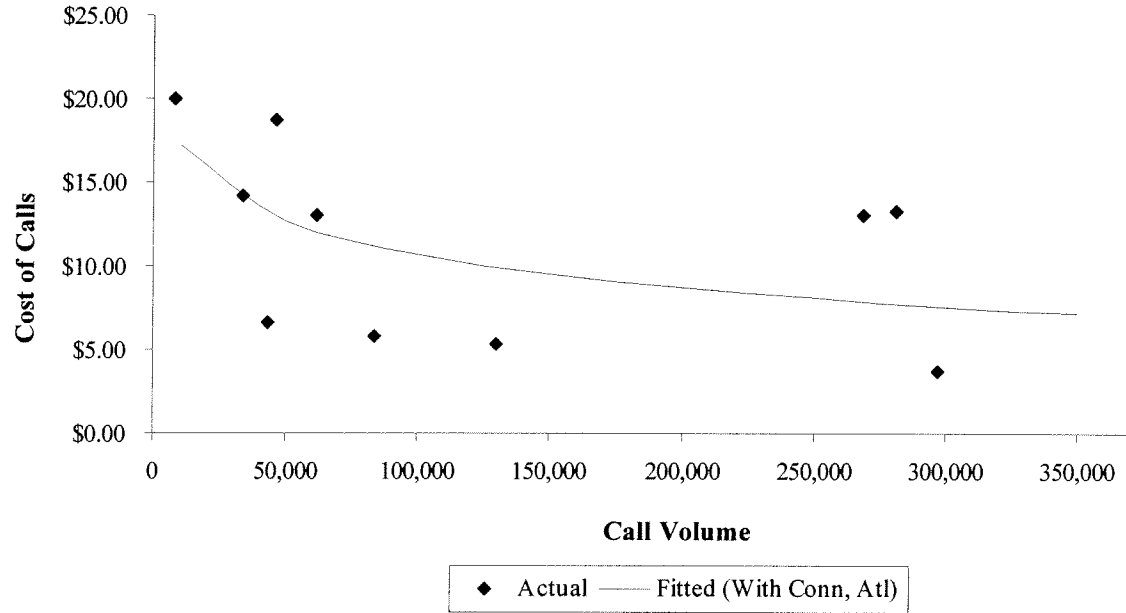
The line becomes particularly steep as the population falls below 1,000,000. This empirical finding corresponds to the theoretical model.

Figure 10: Cost per Call as a Function of Population



Call volume rather than population is actually the variable that determines economies of scale, as Figure 11 also indicates.

Figure 11: Cost per Call as a Function of Call Volume



Organization Type. In addition to economies of scale, the type of organization will affect cost per call. Appendix F contains a mathematical discussion of the relationship between organizational type and cost efficiencies for the three models. The result of that assessment suggests that:

$$\text{CPC}_{\text{decentralized}} > \text{CPC}_{\text{hybrid}} > \text{CPC}_{\text{centralized}}$$

Where: $\text{CPC}_{\text{decentralized}}$ = the cost per call of a decentralized system

$\text{CPC}_{\text{hybrid}}$ = cost per call of a hybrid system

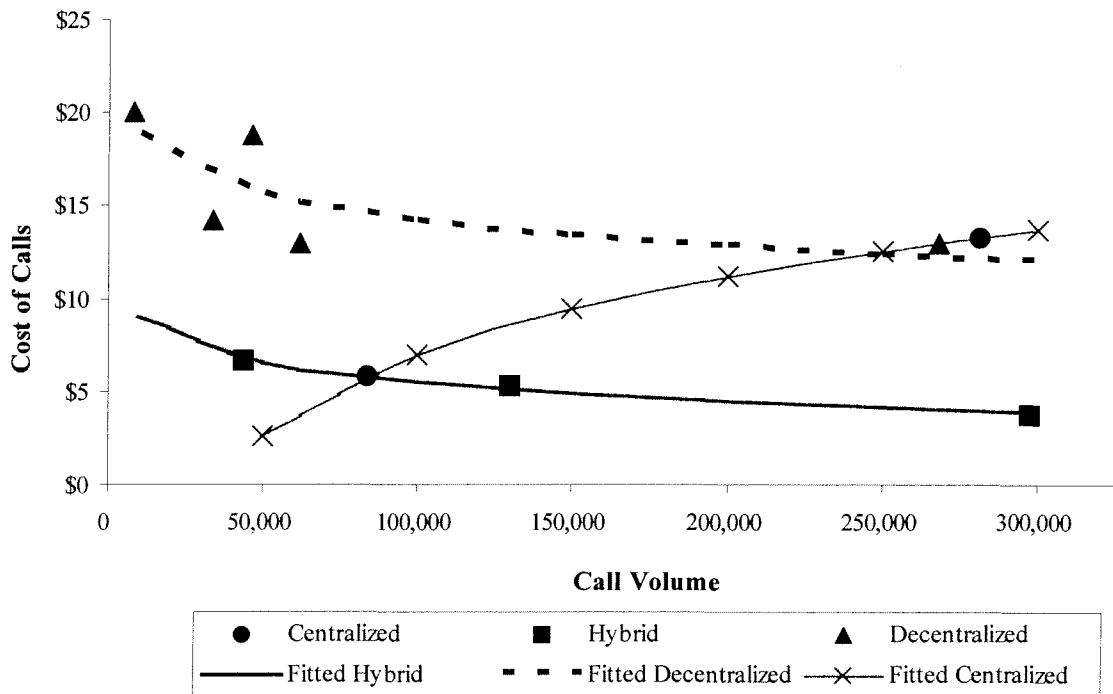
$\text{CPC}_{\text{centralized}}$ = cost per call of a centralized system

Figure 12 shows how organizational type influences cost per call.

This graphic indicates that the decentralized sites tend to have the highest costs, and generally sustain lower call volumes than the hybrid or centralized sites. Thus, higher costs may be attributed to smaller call volume as well as organizational scheme.

The relationship between the centralized site costs and the hybrid site cost per call is less clear. Adding fitted lines to the above graphic helps to make the relationships clearer. The fitted lines have a semi-logarithmic relationship. Under this kind of relationship, for every x percent increase in call volume, the cost per call would fall (or rise) by a constant *amount*, y .

Figure 12: Cost per Call as a Function of Call Volume and Organization Schema



The “fitted, centralized” line is upward sloping because between the two centralized sites, Connecticut and Idaho, the one with the larger call volume also has the higher cost. This is not a true indicator of the lack of economies of scale for centralized sites because Connecticut is an outlier. The remaining centralized cost datum happens to fall very near the fitted line for the hybrid sites, suggesting that ignoring Connecticut, there does not seem to be much difference in cost per call between centralized and hybrid sites.

Note that the fitted lines for both the decentralized and hybrid display economies of scale, and become quite flat by the time they reach a call volume at the high end of the scale. However, the hybrid costs are much lower than the decentralized costs at all call volume levels.

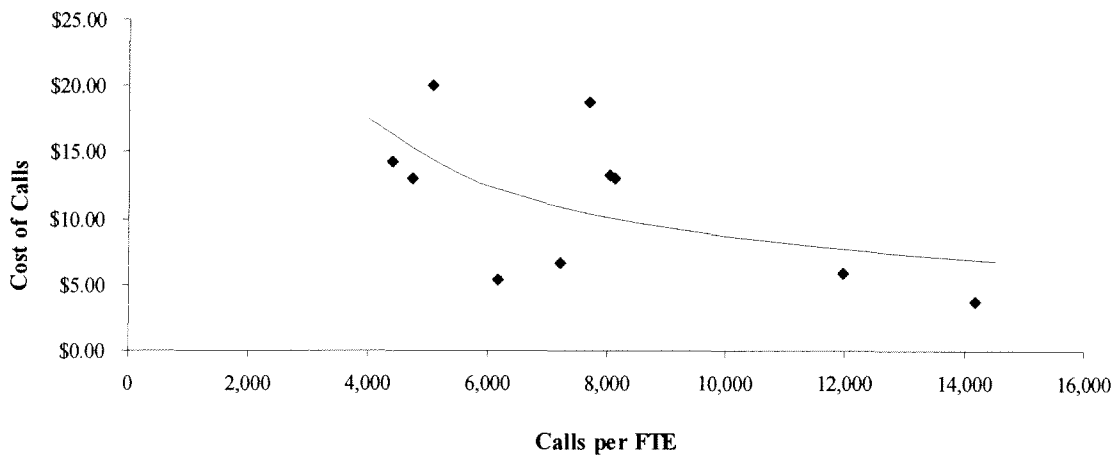
Workload of Information and Referral Specialists. The one remaining influence on cost per call is the number of calls per unit time, or its reciprocal, the time spent per call. Table 10 summarizes the relationship between these variables, under the assumption that an FTE is 2,000 hours per year.

Table 10: Call Volume Per FTE I&R Specialist

<u>Calls per FTE Per Year</u>	<u>Calls per Shift</u>	<u>Staff time used per call</u>
2,000	8	60
4,000	16	30
6,000	24	20
8,000	32	15
10,000	40	12
12,000	48	10
14,000	56	8.57

Figure 13 shows cost per call as a function of calls per FTE I&R specialist.

Figure 13: Cost per Call as a Function of Calls per FTE



That the slope of the relationship is negative should be axiomatic. If one staff person handles 14,000 calls per year, the costs are going to be lower than if that person handled only 4,000 calls per year. Indeed, if the wage is held constant, the wage cost per call is simply wage divided by calls per year. When the denominator gets larger, the quotient becomes smaller. The relationship shown in the graph is not exactly a reciprocal function, however, because of the presence of other wage, administration, communication, and other costs. Once again, the empirical data follows the theoretically expected pattern.

While it is not evident from the graph, the site with the largest number of calls per FTE, Minnesota, also happens to be a high volume site. The large number of calls per FTE in Minnesota may be the result of more efficient use of time, as explained in the section on economies of scale. However, the next highest site in terms of calls per FTE is Idaho, which is only a medium-sized site. The sites with the lowest calls per FTE tend to be the smaller, sites, such as South Dakota and New Mexico, that would suffer from diseconomies of extremely small scale. However, Atlanta, the second largest site in terms of call volume is one of the lower sites in terms of calls per FTE. The differences in calls per FTE are evidently not only related to the call volume, but also variation in managerial objectives. For instance, some sites appeared to be very concerned with minimizing average call time; other sites are less concerned or may more intensely engage the situation and needs of the caller, or provide specialized services that require more time. Other intervening factors include time spent in training or community engagement with resource providers, special projects, and the availability of after hours services.

Unexplained Variation. The final factor that affects cost per call is unexplained variation. Most of the points plotted against their fitted lines have a rather loose fit. Indeed, the R^2 of the fitted lines were typically in the 0.3 to 0.5 range, and none were statistically significant. Hundreds of sample observations are needed to establish confidence in these relationships. With a sample of only ten observations, a single outlier can substantially affect the outcome of any statistical procedure.

The largest variations in cost per call are induced by the differences in other expenses, including salary and benefits of non-telephone administrators and staff. A significant staff effort is sustained by many sites to maintain the completeness and accuracy of their resource database; these costs are embedded in non-call staff wages and other costs. Communication costs vary considerably, but lack the magnitude to dramatically alter the total cost for most sites. Administration expenses vary widely, but there are often clear reasons for the differences. For example, one site may pay very high rent, while another pays a very low rent. One time capital outlays for computers or technology upgrades may skew cost comparability despite similar call volumes. In the fiscal year targeted for this study, two sites had comparable call volumes, yet one had a much lower cost per call. In this instance, the lower cost site recorded less than \$1,000 for office supplies, and the other nearly \$50,000. By averaging over multiple sites and sometimes multiple years in developing estimation parameters, it is expected that no single outlier site can unduly influence the estimates.

Cost Estimates for National 2-1-1 Information and Referral Network

Cost per call and anticipated call volume form the basis of the total national cost estimate. There are three strata to this estimation:

1. Cost per call associated with each site
2. Cost per call associated with each model
3. Total cost under four national cost estimation approaches

The cost per call associated with each site has been identified and assessed in the previous section. The cost per call for each model has been estimated by aggregating call volume and total cost for the sites that represent each model. In the estimation process, the centralized model is represented by the state I&R programs of Connecticut, Idaho, and Hawaii. The decentralized models are found in Atlanta, Albuquerque, Sioux Falls, Grand Rapids, and Jacksonville. The Greater Twin Cities United Way/Minnesota, United Way of the Texas Gulf Coast (Houston)/Texas, and the 2-1-1 InfoBank of the Community Services Council (Salt Lake City)/Utah represent the hybrid model. The cost per call analysis results indicate that the centralized model is associated with a unit cost per call of \$9.54, the decentralized has a unit cost of \$15.79, and the hybrid model has a unit cost of \$5.24. It is important to remember that cost per call estimates include expenses associated with the entire range of tasks and functions associated with operating the call centers, not just the tasks solely associated with taking a call and providing information or making a referral. Management negotiates and decides the service delivery strategy and the actual amounts allocated to payroll, planning, marketing, training, accreditation, software and hardware upgrades, and telecommunications costs.

Equipped with a unit cost for each model, cost per call is multiplied by the estimated call volume to arrive at total cost. Estimated call volume is a function of current population and anticipated growth rate (based on Census data), multiplied by the constant call volume-to-population rate. The estimated weighted average of this market penetration rate for all sites is slightly over 0.06, as discussed earlier. Again, assuming largely mature 2-1-1 I&R sites, this rate could reasonably be applied to estimate national call volume. Hence, national call volume is the aggregate of the call volumes estimated for the 50 states and the District of Columbia. National call volume multiplied by the cost per call provides the national cost estimate.

This national cost for 2-1-1 information and referral has been estimated under four scenarios: a mixed model estimate and three single model estimates (i.e., centralized, decentralized, and hybrid). As described earlier, the analysis approaches benefits, costs, and net value from the perspective of participants, taxpayers, and society as a whole. The baseline year operational costs have been projected out for ten years, and the ten-year costs have been reduced to net present value using a 3 percent discount rate.

The cost to participants accrues almost entirely to the non-profit entities that operate the 2-1-1 call centers, entities that contract with them (e.g., organizations that contract with 2-1-1 for after hours service), and the donors who support them. Beyond the cost of a pay phone or cell call charge, there is no expense incurred by individuals, including employers, and professionals who use the service. These phone costs were assumed to be trivial and were

not estimated.²⁹ The cost to taxpayers is contained in public contracts, grants, and investments, as well as direct services that the public sector provides to the 2-1-1 network. The cost to society is the sum of participant and taxpayer costs, net any taxes or transfers between them. Proportionate shares of costs have been assigned to participants and taxpayers based on the budget information regarding funding sources provided by the sites.

Mixed Model Costs. Under *the mixed model scenario*, nine states and the District of Columbia are assigned the centralized model, ten states are assigned the decentralized model, and 31 states are assigned the hybrid model. Using the values and methods described above, Table 11 indicates that:

- Costs to participants approach \$94 million in the first year. Costs are nearly \$1 billion over ten years and convert to about \$866 million discounted to net present value.
- Costs to taxpayers are over \$66 million in the first year. Costs are nearly \$700 million over ten years and convert to about \$613 million, discounted to net present value.
- Total costs to society exceed \$160 million in the first year. Costs are nearly \$1.7 billion over ten years and convert to about \$1.5 billion, discounted to net present value.

Table 11: Mixed Model Cost Summary

	<u>First Year Cost</u>	<u>Ten Year Cost</u>	<u>Present Value of Cost</u>
Participants			
Call Center and Local Provider Costs	\$93,918,523	\$988,278,758	\$865,927,181
Taxpayer			
Grants, Contracts, Direct Services	\$66,464,150	\$699,383,948	\$612,798,328
Total Costs to Society	\$160,382,674	\$1,687,662,705	\$1,478,725,509

Single Model Costs. National 2-1-1 cost estimates under three, single model scenarios — i.e., the centralized model, the decentralized model, and the hybrid model — have also been developed.

Under the *centralized model scenario*, as Table 12 indicates:

- Costs to participants surpass \$101 million in the first year. Costs are just over \$1 billion over ten years and convert to about \$930 million, discounted to net present value.

²⁹ Especially since telephone companies appear to be phasing out pay phones and cellular phone rates are dropping. Cell phone access to 2-1-1 is not available currently in many areas.

- Costs to taxpayers exceed \$71 million in the first year. Costs approach \$750 million over ten years and convert to nearly \$657 million, discounted to net present value.
- Total costs to society are above \$172 million in the first year. Costs exceed \$1.8 billion over ten years and convert to nearly \$1.6 billion, discounted to net present value.

Table 12: Centralized Model Cost Summary

	<u>First Year Cost</u>	<u>Ten Year Cost</u>	<u>Present Value of Cost</u>
Participants			
Call Center and Local Provider Costs	\$101,009,262	\$1,058,948,902	\$928,031,267
Taxpayer			
Grants, Contracts, Direct Services	\$71,482,116	\$749,395,712	\$656,748,075
Total Costs to Society	\$172,491,378	\$1,808,344,614	\$1,584,779,342

As Table 13 indicates, under the *single model/decentralized scenario*:

- Costs to participants surpass \$167 million in the first year. Costs are just over \$1.75 billion over ten years and convert to more than \$1.5 billion, discounted to net present value.
- Costs to taxpayers are over \$118 million in the first year. Costs surpass \$1.2 billion over ten years and convert to nearly \$1.1 billion, discounted to net present value.
- Total costs to society are more than \$285 million in the first year. Costs are nearly \$3 billion over ten years and convert to just above \$2.6 billion, discounted to net present value.

Table 13: Decentralized Model Cost Summary

	<u>First Year Cost</u>	<u>Ten Year Cost</u>	<u>Present Value of Cost</u>
Participants			
Call Center and Local Provider Costs	\$167,132,555	\$1,752,164,417	\$1,535,544,692
Taxpayer			
Grants, Contracts, Direct Services	\$118,276,169	\$1,239,969,652	\$1,086,672,460
Total Costs to Society	\$285,408,724	\$2,992,134,070	\$2,622,217,151

Under the *hybrid model scenario*, as Table 14 reveals:

- Costs to participants surpass \$55 million in the first year. Costs nearly \$582 million over ten years and convert to about \$510 million, discounted to net present value.
- Costs to taxpayers are over \$39 million in the first year. Costs approach \$412 over ten years and convert to about \$361 million, discounted to net present value.
- Total costs to society are nearly \$95 million in the first year. Costs approach \$1 billion over ten years and convert to just above \$993 million, discounted to net present value.

Table 14: Hybrid Model Cost Summary

	<u>First Year Cost</u>	<u>Ten Year Cost</u>	<u>Present Value of Cost</u>
Participants			
Call Center and Local Provider Costs	\$55,487,981	\$581,718,306	\$509,800,592
Taxpayer			
Grants, Contracts, Direct Services	\$39,267,669	\$411,669,726	\$360,775,083
Total Costs to Society	\$94,755,651	\$993,388,032	\$993,388,032

SECTION SIX: NET VALUE

This section presents estimates of the net value of national access to 2-1-1 information and referral services, based on the arrays of benefits and costs presented in the previous sections. As explained above, while net value to participants and taxpayers are provided, net value to society is stressed as the most important figure for policymakers in their decision making process. Net value to society is the difference between societal benefits and costs and is the factor that should ultimately influence whether to pursue a course of action: a positive result generally favors support, whereas a negative result might suggest caution.

Of course, net value to society is not the sole basis for making such decisions because the true benefits of a course of action often elude monetization. As discussed in the Benefits section of this report, many of the recognized benefits of 2-1-1 access are “below the line” and thus cannot be readily monetized. Yet, even a crude estimation of their value would likely increase the net value of 2-1-1 to society remarkably. For example, assuming only one life saved in each state through crisis counseling — among the thousands of such calls handled — would produce added benefits amounting to tens of millions of dollars annually. Early proactive intervention with rent assistance, whether to prevent eviction or secure affordable housing, potentially precludes a spiral to homelessness, which could be the precursor to other emotional, psychological, and/or physical health problems. Individuals, taxpayers, and society eventually will pay a higher premium to address these ailments that are frequently associated with homelessness.

Net Value Estimates for National 2-1-1 Information and Referral Network

The estimated net values of access to a national 2-1-1 information and referral system are presented in the following discussion from the perspectives of participants, taxpayers, and society as a whole, with emphasis on the last of these. Net value to society is the single most important figure for policymakers to focus on in their decision making process. In general, interventions that yield positive net benefits to society merit further support. Estimates are first presented for the mixed model scenario, before turning to net value estimates for the three single model scenarios.

Mixed Model Net Value. As outlined above, the mixed model is presented as the best approximation of the approaches that states have or would likely adopt for their 2-1-1 I&R systems. The Ray Marshall Center thus offers the estimates associated with the mixed model scenario as the best estimates of the net value of a national 2-1-1 I&R system. The mixed model scenario for a national 2-1-1 I&R system yields positive net value for participants, for taxpayers, and for society as a whole. While most of the net value accrues to participants, taxpayers and society are net beneficiaries as well. As Table 15 indicates, under the *mixed model scenario*:

- The net value to participants of access to 2-1-1 I&R services exceeds \$56 million in the first year alone and is nearly \$600 million over ten years. Converted to net present value, the ten-year net value of 2-1-1 is about \$524 million.

- The net value to taxpayers of 2-1-1 I&R access is nearly \$20 million in the first year and about \$73 million over ten years, when discounted to net present value. Net benefits to taxpayers diminish over time because of one-time cost avoidance allocated in the first year for not having to develop an alternative call center for an emergency response network.
- The net value to society of 2-1-1 I&R access approaches \$69 million in the first year and exceeds \$530 million over ten years, discounted to net present value. The benefit/cost ratio for society for the first year equals 1.43, while the ratio for ten years is 1.36. *Investing in national 2-1-1 access to I&R services is strongly supported by the net value estimates from the mixed model scenario.*

Table 15: Net Value under the Mixed Model Scenario

Net Value to Participants			
	First Year	Ten Year Total	Present Value
Total Benefits	\$150,247,553	\$1,586,723,815	\$1,390,016,433
Total Cost	\$93,918,523	\$988,278,758	\$865,927,181
Net Value to Participants	\$56,329,030	\$598,445,058	\$524,089,252
Benefit/Cost Ratio	1.60	1.61	1.61
Net Value to Taxpayers			
	First Year	Ten Year Total	Present Value
Total Benefits	\$86,325,134	\$780,640,068	\$685,865,588
Total Cost	\$66,464,150	\$699,383,948	\$612,798,328
Net Value to Taxpayers	\$19,860,984	\$81,256,120	\$73,067,260
Benefit/Cost Ratio	1.30	1.12	1.12
Net Value to Society			
	First Year	Ten Year Total	Present Value
Total Benefits	\$229,344,484	\$2,291,585,708	\$2,009,472,286
Total Cost	\$160,382,674	\$1,687,662,705	\$1,478,725,509
Net Value to Society	\$68,961,810	\$603,923,003	\$530,746,777
Benefit/Cost Ratio	1.43	1.36	1.36

Single Model Net Value. The single model scenarios also produce positive net value for participants, taxpayers, and society as a whole under the centralized and hybrid model scenarios, but not under the decentralized model scenario. Again, when positive, most of the net benefits accrue to participants. The hybrid model scenario produces the highest net value among the scenarios examined. Again, net benefits for taxpayers diminish somewhat over time in each of these models because of the one-time cost avoidance allocated in the first year for not having to develop an alternative call center for an emergency response network. Although total benefits do not vary greatly among the models, total costs do as a function of the variation in costs per call. Costs per call have been estimated at \$9.54 for the centralized model, \$15.79 for the decentralized model, and \$5.24 for the hybrid model.

As Table 16 indicates, under the *centralized model scenario*:

- The net value to participants of 2-1-1 I&R access is nearly \$49 million in the first year alone and amounts to some \$462 million over ten years, discounted to net present value.
- The net value to taxpayers of 2-1-1 I&R access is nearly \$16 million in the first year and about \$37 million over ten years, discounted to net present value.
- The net value to society of 2-1-1 access approaches \$58 million in the first year. Net value is above \$492 million over ten years and converts to more than \$432 million, discounted to net present value. The benefit/cost ratio for society is 1.33 for the first year and 1.27 for ten years. *Thus, the net value estimates for society resulting from the centralized model scenario also support investing in national 2-1-1 access to I&R services*, though these estimates are somewhat below those for the mixed model scenario.

As Table 17 indicates, under the *decentralized model scenario*:

- The net value to participants of 2-1-1 I&R access is negative. Costs exceed benefits by nearly \$17 million in the first year and by about \$145 million over ten years when discounted to net present value.
- The net value to taxpayers of access to 2-1-1 I&R services is also negative. Costs exceed benefits by over \$22 million in the first year and by about \$315 million over ten years, discounted to net present value.
- The net value to society of 2-1-1 I&R access is negative as well. Costs exceed benefits by nearly \$47 million in the first year and by about \$527 million over ten years when discounted to net present value. *The estimates of net value to society for the decentralized model are the only ones that do not lend strong support for investing in national 2-1-1 access to I&R services.* While there may be other reasons for proceeding with the more costly decentralized approach to 2-1-1 access, it is not supported by the estimates of benefits and costs that could be quantified for this analysis.

Table 16: Net Value under the Centralized Model Scenario

Net Value to Participants			
	First Year	Ten Year Total	Present Value
Total Benefits	\$150,247,553	\$1,586,723,815	\$1,390,016,433
Total Cost	\$101,009,262	\$1,058,948,902	\$928,031,267
Net Value to Participants	\$49,238,291	\$527,774,913	\$461,985,165
Benefit/Cost Ratio	1.49	1.50	1.50
Net Value to Taxpayers			
	First Year	Ten Year Total	Present Value
Total Benefits	\$87,233,286	\$789,691,211	\$693,819,625
Total Cost	\$71,482,116	\$749,395,712	\$656,748,075
Net Value to Taxpayers	\$15,751,171	\$40,295,499	\$37,071,550
Benefit/Cost Ratio	1.22	1.05	1.06
Net Value to Society			
	First Year	Ten Year Total	Present Value
Total Benefits	\$230,252,637	\$2,300,636,852	\$2,017,426,323
Total Cost	\$172,491,378	\$1,808,344,614	\$1,584,779,342
Net Value to Society	\$57,761,259	\$492,292,238	\$432,646,981
Benefit/Cost Ratio	1.33	1.27	1.27

Table 17: Net Value under the Decentralized Model Scenario

Net Value to Participants			
	First Year	Ten Year Total	Present Value
Total Benefits	\$150,247,553	\$1,586,723,815	\$1,390,016,433
Total Cost	\$167,132,555	\$1,752,164,417	\$1,535,544,692
Net Value to Participants	-\$16,885,001	-\$165,440,602	-\$145,528,259
Benefit/Cost Ratio	0.90	0.91	0.91
Net Value to Taxpayers			
	First Year	Ten Year Total	Present Value
Total Benefits	\$95,702,087	\$878,475,420	\$771,627,461
Total Cost	\$118,276,169	\$1,239,969,652	\$1,086,672,460
Net Value to Taxpayers	-\$22,574,082	-\$361,494,232	-\$315,044,999
Benefit/Cost Ratio	0.81	0.71	0.71
Net Value to Society			
	First Year	Ten Year Total	Present Value
Total Benefits	\$238,721,438	\$2,389,421,061	\$2,095,234,159
Total Cost	\$285,408,724	\$2,992,134,070	\$2,622,217,151
Net Value to Society	-\$46,687,286	-\$602,713,009	-\$526,982,992
Benefit/Cost Ratio	0.84	0.80	0.80

As Table 18 indicates, under the *hybrid model scenario*:

- The net value of 2-1-1 access to participants is nearly \$95 million in the first year and about \$880 million over ten years, discounted to net present value.
- The net value of 2-1-1 access to taxpayers is just over \$42 million in the first year and about \$280 million over ten years, discounted to net present value.
- The net value of national 2-1-1 access to I&R services to society approaches \$130 million in the first year alone and nearly \$1.1 billion over ten years when discounted to net present value. The benefit/cost ratio for society is 2.37 for the first year and fully 2.26 over ten years. *Thus, the net value estimates for society under the hybrid model also lend strong support for investing in national 2-1-1 access to I&R services.*

Table 18: Net Value under the Hybrid Model Scenario

Net Value to Participants			
	First Year	Ten Year Total	Present Value
Total Benefits	\$150,247,553	\$1,586,723,815	\$1,390,016,433
Total Cost	\$55,487,981	\$581,718,306	\$509,800,592
Net Value to Participants	\$94,759,572	\$1,005,005,509	\$880,215,841
Benefit/Cost Ratio	2.71	2.73	2.73
Net Value to Taxpayers			
	First Year	Ten Year Total	Present Value
Total Benefits	\$81,403,107	\$728,569,468	\$640,254,350
Total Cost	\$39,267,669	\$411,669,726	\$360,775,083
Net Value to Taxpayers	\$42,135,438	\$316,899,742	\$279,479,267
Benefit/Cost Ratio	2.07	1.77	1.77
Net Value to Society			
	First Year	Ten Year Total	Present Value
Total Benefits	\$224,422,457	\$2,239,515,108	\$1,963,861,048
Total Cost	\$94,755,651	\$993,388,032	\$870,575,675
Net Value to Society	\$129,666,807	\$1,246,127,076	\$1,093,285,374
Benefit/Cost Ratio	2.37	2.25	2.26

SECTION SEVEN: CONCLUDING OBSERVATIONS

This report has provided estimates of the net value to participants, taxpayers, and society of 2-1-1 accessible information and referral for human services nationally. There are clear, positive benefits for continuing to invest in and expand 2-1-1 accessed services. Under three of the four 2-1-1 scenarios examined, the estimated net value is positive. Only the scenario of a single model/decentralized system produced a negative net dollar value. The mixed model scenario—the model that most closely conforms with the models that individual states have adopted or are likely to adopt—produces an estimated net value to society about \$530 million over ten years, discounted to net present value, and a benefit/cost ratio of 1.36. The single model approaches may be of more interest to states as they decide the course that they will pursue. Net values to society for the centralized and hybrid models, ranging from \$432 million to nearly \$1.1 billion over ten years in present value terms, indicate that these merit serious consideration. Because of its negative net value estimates, the decentralized model should be more cautiously pursued. Some means to mitigate the diseconomies of scale under the decentralized model is recommended.

From an empirical perspective, the mixed model scenario is likely to be more realistic for national estimates than the three single model scenarios because 2-1-1 access is currently available to over 100 million residents in 28 states and Washington, D.C. through some 139 active systems, and many other states and localities are in the advanced planning stages for introducing 2-1-1 into their areas.³⁰ Areas already committed to a hybrid or centralized approach are not likely to adopt a decentralized approach. Sites currently centralized could evolve to a hybrid model as they adapt to new opportunities for public/private sector collaboration, as could decentralized and emerging sites as they pursue statewide coverage, seek to avoid duplicative services and expenses, and take advantage of the economies of scale that support efficient call center operations.

The generally positive estimated net values of a national 2-1-1 I&R network are supported by observations drawn from conversations with call center administrators and staff, as well as local health and human services professionals and individuals from the general public who have used 2-1-1. These conversations strongly reinforce the position that equitable access to timely, accurate information and referral services delivered by professional, dedicated staff has widespread and deep support and yields real benefits.³¹ The easy-to-remember and use 2-1-1 number has helped persons in need find the information or help that they require in their communities. When an individual or family seeks information or referral services for which they have little or no prior knowledge or experience, dialing 2-1-1 is much simpler than searching an array of seven- and eleven-digit numbers. Unless the caller knows which entity to call, dialing 4-1-1 is no substitute for 2-1-1, since the telephone directory system lists entities by name only, and there are service charges. Field work has also validated the belief that 2-1-1 has reduced the need for duplicative information and referral services and assists

³⁰ Current updates are available at <http://www.211.org/status.html>.

³¹ Appendix D presents the results of conversations with 239 individuals who have accessed 2-1-1 services in ten of the study sites.

human services practitioners in both the public and private, non-profit sectors to better serve their clientele.³² There are a myriad of recognized benefits associated with 2-1-1, almost all of which were hypothesized before initiating site visits, a few of which have been monetized, and several more have been identified as significant but difficult to quantify without further information.

The cost side of the net value equation raises other issues that were evident during the site visits. The viability of maintaining and expanding a standards-based, national 2-1-1 information and referral network is dependent on the infusion of additional funds. Almost all of the sites are concerned about revenue flows. Resource constraints are limiting their options for continuous quality improvements necessary to attain AIRS accreditation and to maintain operational standards.³³ Additionally, a few sites expressed concern over their ability to expand their service area or more aggressively market 2-1-1 in order to reach deeper into their communities and increase their call volume at the risk of overwhelming current staff capacity; they lack the funds to hire additional staff.

The effects of resource constraints will be replicated as 2-1-1 access strives to expand into previously unserved areas, particularly less densely populated towns and rural communities. Smaller information and referral call centers may resist elements of standardization that are the foundation for a national network. They may not have the funds to upgrade their hardware and software and have little incentive to expand their resource database or to adopt the standard taxonomy developed by Infoline of Los Angeles and AIRS.

Implementation Costs

This analysis assumed a fully operational 2-1-1 network as the starting point for the benefit/cost analysis. It did not directly address implementation or start-up costs for expanding current systems to achieve universal coverage. Researchers did find that start-up costs have varied widely among the sites. This variation is largely a function of the status and capacity of the individual call centers at the time they decided to introduce 2-1-1 and the resources that were available to invest in staffing and equipment.

For example, some call centers found the transition to 2-1-1 straightforward: the call center simply had to pay for the installation of new or upgraded telecommunications capacity and additional staff to handle the anticipated increase in call volume. A small grant or expenditure of additional operational resources was sufficient for a transition to 2-1-1. Others may have invested significantly in new hardware and software, telecommunications improvements, office equipment, and marketing, as well as human capital. These investments required a considerable infusion of new funding.

Introducing a 2-1-1 information and referral system can be costly. United Way of Connecticut received a \$920,750 grant from state general revenue to prepare for implementation of 211 Infoline early in 1999. Table 19 shows the expenditure of these

³² Social service practitioners may keep a list of the "specialized" services and providers for their clients, but many are relying on 2-1-1 to provide information and referral to the vast array of resources in the database. 2-1-1 is akin to "one-stop shopping."

³³ Appendix G contains a review of intersite comparability issues and practices which are not yet fully standardized.

funds. Additionally, United Way of Connecticut and its supporters invested \$330,000 in marketing in the first year (1999) and \$195,750 in the second year. Thus, including marketing expenditures, United Way of Connecticut spent approximately \$1.45 million to get a centralized, state-of-the-art call center up and running to serve the 3.4 million residents of the state.

Table 19: Connecticut Implementation Expenditures

Capital & Contractual	Expenditures	Comments
Professional Contractual	\$108,870	Renovations; Computer and Telecommunications Consultants; Electrical Contractor
Legal	\$8,732	Attorney Fees
211 Set-up	\$9,000	Southern New England Telephone
Telecommunications System	\$373,040	Purchase, Installation, and Training for System
Computer Hardware	\$306,147	60 Desktop Computers; 7 Laptops; Printers; Servers
Office Furniture	\$114,959	27 Workstations; Chairs & Tables
Total Costs	\$920,750	

Source: Fiscal Officer, United Way of Connecticut

Significant implementation and transition costs are evident in other states seeking comprehensive geographic access to 2-1-1 services. The Florida Alliance of Information and Referral Systems estimates that a one-time investment of \$2,953,656 spread over five years is required to make a statewide transition to 2-1-1.³⁴ The Oregon 2-1-1 coalition estimates the cost of statewide transition at \$626,624 over three years.³⁵ The Texas Information and Referral Network originally estimated its budget requirements at \$22.3 million over five years.³⁶ There is simply no way to get around the fact that added funding will be required for system implementation and transition costs.

Promising Prospects

Despite the funding challenges faced by states and localities intent upon expanding, transitioning to, or introducing 2-1-1 information and referral access, several promising prospects and practices are available to further offset costs in favor of enhanced net value.

Basic Needs. The largest cluster of requests for assistance and the greatest numbers of referrals that call centers handle are for basic needs. 2-1-1 has enormously simplified access

³⁴ Civil Society Consulting Group, et al. (December 2003).

³⁵ Civil Society Consulting Group, et al. (May 2004).

³⁶ O'Shea, et al. (1998).

to assistance, both for individuals and their families and for human service professionals seeking ancillary assistance for their clients. Timely intervention to address these basic needs is a widely acknowledged benefit of 2-1-1. Nevertheless, a few call centers have been concerned about making referrals to providers that have run out of resources or have been hesitant to ramp-up their outreach and marketing activities at the risk of swamping already challenged providers.

An emerging practice observed in the field is to request that providers inform the call center when resources are low or no longer available (e.g., food banks, special initiatives) so that I&R specialists can adjust their referral patterns accordingly. Similarly, certain resources (e.g., rent assistance) are absorbed very early in the month. Providers and I&R specialists may determine a “window,” perhaps a day or two in the beginning of the month, when referrals are most appropriate. Simple adjustments in the communications between I&R specialists and providers may increase the quality of the referrals and reduce the level of unnecessary calls or visits to providers.

Public Health. 2-1-1 call centers regularly get requests and provide information and referrals for health care assistance that may involve community clinics, special initiatives (e.g., flu shots, West Nile disease), and public health insurance (e.g., Medicare prescription drugs, Children’s Health Insurance Programs). At least one site has developed another connection to the public health system that portends significant benefit to the already strained public health system.

For many disadvantaged citizens and recent immigrants with low-incomes and no health insurance, 9-1-1, Emergency Medical System (EMS), and hospital emergency rooms have become the medical care safety net. This demand often surpasses capacity, costs much more than regular medical care, challenges the financial stability of hospitals, and drives local tax increases. A promising prospect for 2-1-1 is serving as a conduit to a local health care information and triaging hotline. United Way of the Texas Gulf Coast 2-1-1 Helpline has the capacity to patch directly into such a program, a local “Ask Your Nurse” hotline. Although about 40 percent of the calls to the hotline are referred to the emergency room or told to call 9-1-1, the project has prevented some 3,000 trips to the emergency room in the first six months of 2004.³⁷ For individuals distraught over a seeming health emergency, people with mental or physical limitations, or language barriers, dialing 2-1-1 is easier than recalling and dialing an eleven-digit hotline number. 2-1-1 serves as a simple alternative gateway to a specialized health hotline and, in doing so, helps individuals and families responsibly get the appropriate health care. This path also helps the public health care system operate more efficiently.

Employment and Training. A few states and localities among the study sites have recognized the shared interests of the public workforce system and 2-1-1 in helping individuals and families obtain the assistance they need to maintain and improve their lives and livelihood. In effect, these areas have connected two “one-stops” to create a more comprehensive array of options for finding and retaining employment.

³⁷ Pyle (2004) p.19.

Call centers can make referrals to and receive referrals from the One-Stop Career Centers, which have been established in states and localities across the nation under the federal Workforce Investment Act of 1998. 2-1-1 referrals to employment services can help individuals attain the skills that they need to become more independent and increase their prospects for meeting their basic needs or more. Referrals from career centers can help individuals obtain the supports they need to retain employment, ranging from direct income supports (e.g., the Earned Income Tax Credit) to supportive services, such as child care or health care information and services. Moreover, publicly funded job training programs have performance expectations linked to job retention. Services accessed through 2-1-1 can help them meet those expectations. As conversations with callers indicated, many individuals have saved time at work or avoided missing work because of 2-1-1. This may be associated with reduced absenteeism and increased productivity for employers, another benefit that can be further enhanced by regular exchanges between the employment and training system and 2-1-1.

Volunteers and Donors. A common practice of 2-1-1 is to link volunteers with opportunities and donors with recipients who will benefit from the donation. In most cases, call center staff take care of this matching. In some instances, direct referrals are made to an ongoing community-based volunteer broker. Although the volunteer exchange function is relatively pervasive, few sites follow-up on volunteer referrals, excluding volunteers at the call center or its parent organization, to see if an appropriate placement occurred. Only one of the sites in this study made any attempt to track the number of volunteer hours that were facilitated by 2-1-1. Yet, as the benefit estimates suggest, this is an enormous potential benefit to society from 2-1-1.

Similarly, brokering donations provides considerable value, especially in emergency situations. Goods get delivered to locations where people can use them, and inappropriate donations — materials that are of little or no value to those in need and only crowd the storage area and confound the inventory of the emergency responders — are diverted. As simple as this sounds, it is reportedly very important to first responders and their support teams. As 2-1-1 becomes increasingly involved in planning and responding to disasters, the value of this function will likely increase.

Public Information. 2-1-1 has become a regular source of public information in some sites and is poised to become more so in others. Because it is so adaptive in the short-term, timely information can be expedited by 2-1-1 for events (e.g., Toys for Tots, Blue Santa, Operation School Supplies), special initiatives (e.g., Beat the Heat, Voluntary Income Tax Assistance), and programs (e.g., CHIP, child care, mental health). Media-based public service announcements on behalf of public or private, non-profit agencies can introduce events or programs in broad strokes, but 2-1-1 can provide more specific information like location, apparent eligibility, or availability on short notice and at little or (more commonly) no-cost. Sponsoring entities can thus avoid the tasks and associated costs of activating a phone line or other means to affect call response capacity. 2-1-1 is by design embedded in community affairs. The provision of public information is a practice that promises the continuation and deepening of this relationship to society's benefit.

Public/Private Collaboration. The private, non-profit sector, which sustains and promotes 2-1-1 accessed information and referral, and the public sector, which administers the vast majority of health and human resources, are increasingly recognizing the synchronicity of their aspirations, as well as the complementary features of their service delivery systems. Although developments in this area are uneven across the study sites, public health and human service agencies are increasingly turning to the 2-1-1 network as the first provider of information and referral services, some going as far as envisioning use of the call center model for program eligibility determination. Although there is some resistance to closer connections among wary 2-1-1 administrators, most are willing to build relationships that may better assist those in-need. In an era of fiscal constraint, public agencies are looking for means to trim expenditures, and 2-1-1 entities are seeking means to increase revenues. Both appear to believe that a win-win outcome is feasible under the right conditions.

Public/private collaboration regarding 2-1-1 information and referral services is likely to be a predominant characteristic as states and localities work to expand, transition to, or introduce 2-1-1 accessed health and human services across communities. The Calling for 2-1-1 Act, the proposed federal legislation seeking support for 2-1-1 nationally, is premised on continuing and expanding cross-sector collaboration. States and localities will likely negotiate this relationship with different results, but the process appears inevitable in order to replicate the net value to society that 2-1-1 delivers.

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Web Resources

- 2-1-1 Idaho CareLine. <http://www.idahocareline.org/>.
- 2-1-1 Minnesota Information and Referral. <http://www.firstcallnet.org/>.
- 2-1-1 Pennsylvania, United Way of Pennsylvania. <http://www.uwp.org/2-1-1-PA.htm>.
- Alliance of Information and Referral Systems. <http://www.airs.org/>.
- Aloha United Way. <http://www.auw.org/211/>.
- Canadian 2-1-1 Collaborative. <http://www.211.ca/index.htm>.
- Community Services Council, 2-1-1 Info Bank. <http://csc-ut.org/211infobank.htm>.
- Family Independence Agency, State of Michigan. <http://www.michigan.gov/fia/>.
- Federal Communications Commission. <http://www.fcc.gov/>.
- Florida Alliance for Information and Referral Services. <http://www.flairs.org/index.htm>.
- Greater Twin Cities United Way. <http://www.unitedwaytwincities.org/index.cfm>.
- Hawaii Covering Kids. <http://www.coveringkids.com/>.
- Hawaii State Civil Defense. <http://www.scd.state.hi.us/>.
- Hawaii State Department of Health. <http://www.hawaii.gov/doh/>.
- Heart of West Michigan United Way. <http://www.unitedwaycares.com/UnitedWay/Home.htm>.
- Illinois AIRS: <http://www.illinoisairs.org/>
- Indiana 2-1-1. <http://www.in211.org/>.
- Louisiana 2-1-1: <http://www.211louisiana.com/>
- Michigan Alliance of Information and Referral Systems. <http://comnet.org/miairs/211.html>.

Minnesota Alliance of Information and Referral Systems. <http://www.mnairs.org/>.
Northeast Florida 2-1-1. <http://www.nefl211.org/>.
Northwest Alliance of Information and Referral Systems. <http://www.nwairs.org/>.
Ohio Council of Information and Referral Providers: <http://www.ocirp.org/>.
Oregon 2-1-1 Coalition: <http://www.or211.org/>
Pennsylvania 2-1-1: <http://www.uwp.org/2-1-1-PA.htm>.
RTM Designs. <http://www.referweb.net/>.
South Carolina 2-1-1. <http://www.sc211.org/>
South Dakota Help!Line Center. <http://www.helplinecenter.org/>.
Telecommunications and Information Policy Institute, The University of Texas at Austin.
<http://www.utexas.edu/research/tipi/>.
Tennessee 2-1-1: <http://www.211tn.org/index.html>
Texas Alliance of Information and Referral Services. <http://www.tairs.org/>.
Texas I&R Network, Finding Help in Texas. <https://www.helpintexas.com/>.
Texas Integrated Eligibility Redesign System. <http://www.dhs.state.tx.us/programs/TIERS/>.
United Way, AIRS 2-1-1. <http://www.211.org/>.
United Way of Central New Mexico. <http://www.uwcnm.org/>.
United Way of Connecticut, 2-1-1 Infoline. <http://www.211infoline.org/>.
United Way of Metropolitan Atlanta. <http://www.unitedwayatlanta.org/>.
United Way of the Texas Gulf Coast. <http://www.unitedwayhouston.org/>.
Utah 2-1-1. <http://www.informationandreferral.org/>.
Utah Cares Database. <http://www.utahcares.utah.gov/>.
Utah Department of Workforce Services. <http://jobs.utah.gov/>.
Washington Information Network: <http://www.win211.org/211inWA.htm>

Appendix A: Site Contacts

Atlanta, Georgia

211 Center

Betty Hanacek- Vice-President, UW 2-1-1
Donna Burnham- Director, 2-1-1 Call Center
Don Zubler- Senior Shift Manager
Joel Blalock- Financial Officer
Marioly Botero- Database Manager and Technology Specialist
Elizabeth Garcia- I&R Agent
Dawn Stowell- I&R Agent
Danyell Gunby- I&R Agent
Roseanne Smith- UW's Director of Family Assistance Calling Services (FACS) Program

Sullivan Center

Sister Marie Sullivan- Executive Director
Paulette X, Assistant to the Director
3 volunteers

Child and Adult Protective Services Division

Audrey Richards- Program Director
Focus group, with approximately 12 staff of the Division's Emergency Intake and Special Investigations Unit.

Connecticut

2-1-1 Center

Mary Hogan- Vice-President for Information Services and Special Initiatives
Melanie Loewenstein- Senior Vice-President for Information and Crisis Services
Debi Colacrai- Interim President and COO
Paul Zocco- Technology Specialist
Jeanette Baker- Website Manager
Carman Us- I&R Specialist
Jenn Hartan- I&R Specialist, Team Leader

Department of Social Services

David Dearborn- Communications Manager, Public and Government Relations

Jacksonville, Florida

2-1-1 Center

Bob Arnold- Director, UW 2-1-1 of Northeast Florida
Sylvia Flores- Operations Manager
Alex Matisco- Database Manager
Carla Thomas- I&R Specialist
Ellen Lewis- I&R Specialist

Catholic Charities

Bill Beitz- Executive Director

Community Connections

Will Evans- Program Manager

Family Counseling Services

Dawn Lockhart- Executive Director

Hawaii

2-1-1 Center

Havinne Anderson- Program Director, 2-1-1
Amanda Jones- Marketing
Joann Lumsden- Finance
Kelly Koi- I&R Specialist
Marie Protacio- I&R Specialist
Tony Ho- I&R Specialist

State Civil Defense

Victor G. Gustafson

Hawaii Covering Kids

Barbara Luksch

Hawaii Police Department

Lt. Charles Chong-9-1-1 Director

Houston/Gulf Coast, Texas

2-1-1 Texas Call Center

David Jobe- I&R Manager, UW of the Texas Gulf Coast
David Newberry- Database Coordinator
Mary Vazquez- Community Impact Coordinator
Paul Murray- Senior Network Administrator
Lam Nguyen- I&R Specialist

Maria Tijerina- I&R Specialist
Francisco-I&R Specialist

St. John Vianney Social Ministry Program
Susan Leal

Christian Community Service Center
Blair Parker-Emergency Services Manager

Gateway to Care (of the Harris County Hospital District)
Ron Crookston-Director

Harris County Social Services
Ellen Seaton-Manager of Special Assistance

State Department of Human Services
Nina Sodus - Regional Director for Long-term Care Services (Region 6)

Idaho

2-1-1 Affiliates

Sally Zive- President and CEO, United Way of Treasure Valley
Pat Williams- Director, 2-1-1 Idaho CareLine
Deb Krum- Mountain States Group
Alisa Eaton- Database Manager
Patty Bowman- Customer Service Representative
Stephanie Marquardt- Customer Service Representative

Quality Child Care Program (with United Way of Treasure Valley)
Jennifer Coleman

TANF Program and Child Care Development Fund, Idaho STARS
Genie Sue Weppner- Program Manager

Grand Rapids, Michigan

2-1-1 Center

Bob McKown- Call Center Director
Bob Haight- President, Heart of West Michigan United Way
Sue Stoddard- Vice President for Finance, Heart of West Michigan United Way
Sherri Vainavicz- Team Leader, United Way's 2-1-1
Tara Werkhoven- Database Manager
Toni Steele- Financial Officer

Beth Kooiman- I&R Specialist
Nancy Lindman- 2-1-1 State Coordinator

Family Independence Agency (FIA), Kent County
Andrew Zylstra- Director

All County Churches Emergency Support System (ACCESS)
Bruce Schlanderer- Executive Director
Marsh DeHollander- Director

Senior Neighbors
Robert Barnes- Director

Area Agency on the Aging of Western Michigan
Mary Forrester- Access Coordinator

Baxter Community Center
Melanie Beelen- Case Worker

Area Community Services Employment and Training Council
Beverly Drake- Director
Karen Tolan- Assistant Director

Minnesota

2-1-1 Center
Dave Fielding- V-P for Administrative Services, Greater Twin Cities UW
Cathy Jirik- Director, UW 2-1-1
Marcos Michelli- Operations Director
Kathy O'Connor- Technology Specialist
Lael Tron- Database Manager
I&R Specialists

St. Cloud 2-1-1 Call Center
Tonya Hauschild- Director

Community Stabilization Project
Pam James- Coordinator of Tenants Screening Advocacy Project

St. Paul Foundation
Carol R. Olson- Program Officer

Dakota County Community Services Division
Dave Rooney- Director
Marilynn Loving- Contract and Administrative Services Manager
Michael Hamberg- Information Systems Manager

Albuquerque, New Mexico

2-1-1 Center

Mike Swisher- Director of 2-1-1 and AFL-CIO Community Services Liaison for UW of Central New Mexico
Chehreh Gibson- Database Manager and I&R Specialist
Bobbie MacKenzie- Program Specialist (*part-time I&R Specialist*)

Salvation Army

Morgan Patterson- Director of Development
Donna Patterson- Social Services staff

Noonday Ministries

Rev. Dennis Light- Director

Sioux Falls, South Dakota

2-1-1 Center

Janet Kittams-Lalley- HELP!Line Services and Clinical Director
Carol Muller- Executive Director, HELP!Line Center
Amy Nelson- 211 HELP!Line Coordinator
Amber Munson- Database Specialist
Jodi Peterson- I&R Specialist

Minnehaha County Welfare

H. J. Grogan- Director

Sioux Falls Housing and Redevelopment Commission

Shireen Ranschau- Executive Director

Utah

2-1-1 Center

Josh Pederson- Director, I&R Center
Jean Nielsen- Director of Community Services Council
Keith Leonard- information Specialist
Sue Skanchy- Director of Finance
Charles White- Database/Resource Manager
Airica J. Hant- I&R Specialist

Department of Workforce Services

Gregory B. Gardener- Director of Workforce Information Technology
Curt Stewart- Public Information Officer

Appendix B: Calling for 2-1-1 Act of 2003: Legislation At A Glance

U.S. Congress. House. *A Bill to Facilitate Nationwide Availability of 2-1-1 Telephone Service for Information and Referral on Human Services, and for Other Purposes*. House Bill 3111. 108th Congress, 1st session (September 17, 2003).

U.S. Congress. Senate. *A Bill to Facilitate Nationwide Availability of 2-1-1 Telephone Service for Information and Referral on Human Services, and for Other Purposes*. Senate Bill 1630. 108th Congress, 1st session (September 17, 2003).

Purpose: To facilitate nationwide availability of 2-1-1 telephone service for information and referral on human services, and for other purposes.

Scope of 2-1-1:

- Providing connections between individuals and families seeking services, volunteer opportunities, or both and appropriate human service agencies, including community- and faith-based organizations and government agencies
- Service in community preparedness and response (this is an allowable use of funds under grants for preparedness and response to bioterrorism and other public health emergencies)
- Collaboration between State governments, comprehensive and specialized information and referral centers, human service organizations and service providers, emergency management and homeland security officials, telephone companies, and other relevant entities
- Must facilitate equitable geographic distribution of subgrants to ensure that rural communities have access to 2-1-1
- Funding amounts may be used for Statewide and regional planning, start-up costs (including costs of software and hardware upgrades and telecommunications costs), training, accreditation, public awareness, evaluation of activities, and provision of 2-1-1 telephone service

Eligible Entities (lead entities):

- Exists for such purpose under State law or exists for such purpose by order of the State public utility commission (if one of these is the case, they must collaborate to the extent possible with the entities listed below)
- Is a collaborative entity established by the State for such purpose from among: representatives of an informal existing 2-1-1 statewide collaborative, if any, in the State; State agencies; community-based, faith-based, and non-profit organizations; specialized I&R providers, including current 2-1-1 call centers; foundations; and businesses. (House bill excludes State agencies from this list)

Funding Arrangements:

- Appropriations for fiscal year 2004, \$200,000,000
- Secretary of Commerce shall award a grant, based on a formula for allocation, to each State to carry out 2-1-1 services for the entire State
- State must ensure that 50% of program resources will be derived from other sources, including in-kind contributions
- Subgrants may be awarded by the lead entity to persons or entities for provision of 2-1-1 services, operation of 2-1-1 call centers, or other purposes of the program
- Requirement on allocation of grant amounts – House Bill: not less than 2 percent used for evaluation of persons or entities for eligibility for subgrants; not less than 2 percent shall be used for technical assistance for same persons or entities; and not more than 6 percent shall be used for the management and administration of subgrants awarded; Senate Bill: not less than 10 percent shall be allocated for evaluation, training and technical assistance, and for management of subgrants.

Appendix C:

Field Interview Guides 2-1-1 I&R

National Benefit/Costs Assessment

INTRODUCTION

Thank you for hosting our visit. Our research team today includes. As you may recall, we are from the Ray Marshall Center for the Study of Human Resources, a research and evaluation unit of the LBJ School of Public Affairs at The University of Texas-Austin. We are collecting data and visiting sites as part of an effort to develop a national benefit/cost analysis of 211-accessed information and referral services. The project is supported by the United Way of America. We will produce discrete benefit/cost estimates for each of the eleven sites in the study and a national estimate. We hope that the results, which we shall share with you for review and comment prior to preparing the final report in September 2004, will serve as a tool that helps to communicate the net social value of your I&R efforts in the community that you serve, as well as the prospective value of comprehensive national coverage. The final report may become part of the Congressional discussions of the Calling for 211 Act, should our leadership turn their attention to that legislation once again. Our purpose today is to acquire a clear understanding of your organization and operations, identify all sources of expenditures, collect any information that may contribute to benefit valuation formulas, and gain insights that will help us better understand cost variations between the several 211 I&R systems in our analysis.

Could you give us your job title and a brief description of your duties and responsibilities for the 211 I&R network?

IMPLEMENTATION (DIRECTORS)

We'd like to start with a short exploration of 211 implementation, such as dates, 211 designation procedures/authorizing state legislation or executive orders, public utility commission and state government roles, and start-up costs.

1. How long has your 211 call center been in operation?
2. Is there authorizing state legislation (proposed or enacted) or an executive order supporting 211 implementation?
3. What role does your public utility commission play in your 211 service?
4. What role does your state government play? What role could it play?
5. Were additional resources (grant, donation) made available to introduce 211 and, if so, where did they come from?

6. What is the status of a statewide 211 I&R system? When did it start and where is it headed in terms of design features and implementation schedules?

ACCESSIBILITY

We'd like to talk a bit about accessibility.

7. How is I&R accessed at the call center? _____
- 211 _____
1-800 _____
7-digit _____
8. Can you monitor the volume of calls that come in on different numbers, and if so, what are the approximate shares?
9. What days of the week and hours is 2-1-1 available?
(If service is available 24/7)
Are evening or weekend calls diverted to this I&R center? Under what arrangement? (e.g., funding, MOU)?
- (If service is not available 24/7)
Are evening or weekend calls diverted to another I&R center? Under what arrangement?
10. How is your I&R number answered during hours of operation? Does this change during the evenings, weekends, or because of other factors?
11. What is the status 2-1-1 cell phone access within your area? Are there special challenges?

SERVICE ARRAY

We'd like to find out about general and specialized services and dedicated or general phone lines.

12. Do you provide both general/core I&R and specialized services?
13. If yes, do you have dedicated lines for the specialized calls or do they share the same lines? Please explain.
14. Are there separate funding streams for the general and specialized services? Please explain.

STAFFING ARRANGEMENTS

15. Can you tell us the total number of FTE staff at the call center? _____
16. How many FTE staff answer 2-1-1 calls?

17. Do IRS handle general or specialized calls or both? Explain.
18. To what extent and how are volunteers used to help at the call center? Do volunteers answer I&R calls?
19. (If appropriate.) Do volunteers handle general or specialized calls or both, or provide other services (e.g., follow-up)?
20. (If appropriate). Can you estimate approximately how many annual VOLUNTEER staff hours are devoted to providing I&R services or the percent of calls handled by volunteers?
21. What minimum education/experience/certification is required of your I&R staff?
22. Are there new hire training requirements? (time, content):
23. What is the policy regarding I&R Certification for IRS?
24. Who pays for AIRS training and certification?
25. What is the average hourly or weekly wage range for your for your I&R Specialists?
26. What are the key factors influencing wage differentials?
27. Is there an expected average workload of calls per hour or day for IRS? If so, what is it and how is this monitored?

MANAGEMENT FUNCTIONS

28. Do you have a performance management or evaluation system in place? Please explain.
29. What quality controls and service standards are in place?
30. Do you have a target call volume and if so, what is it and how is that determined?
31. Do you estimate cost per call and if so, what is it and how is that determined?
32. In your opinion, is there an optimal size in terms of geographic/spatial coverage for an I&R center, and if so what would that be? Or would population size or call volume be more relevant factors for determining how large an area a call center should serve?

- 33. Do you provide technical assistance and guidance to other I&R sites, and if so, how is this funded?
- 34. Do you manage any subcontracts or grants for 211 services?
- 35. What is the status of the call center regarding AIRS certification?

CATCHMENT GEOGRAPHY

We'd like to hear about your service area, population and settlement patterns and other regional characteristics that may be associated with the types of I&R services sought at the call center.

- 36. How many counties are in your service area? _____ or How comprehensive is the statewide network?

counties _____
% population _____
% total territory _____
- 37. What is the current approximate population of the service area?
- 38. Are there notable variations in population concentration (rural/urban), race/ethnicity, or income across your service catchment that present special challenges or opportunities? Explain.
- 39. Has call volume changed significantly over time? If so, how and possibly why? To what extent has 211 access influenced call volume or the types of calls received?
- 40. Do you have any plans for expanding your service area?

FUNDING AND RELATIONSHIPS

- 41. Are there other organizations or entities that are primary partners in the operations of the 211 call center?

If yes, which are they, and what do they contribute? (Acquire documentation.)
- 42. (If appropriate.) What share of the operating budget comes from specialized services or contracts?

43. Does the call center receive an annual funding allocation, assistance with the development of your technical networks, or in-kind or other assistance from these? Explain. (Acquire documentation.)
44. Are you linked to disaster/hazards response networks and, if so, how? Explain. (Acquire documentation.)
45. What is the call center's relation to 911 emergency response? Has there been cross training? Have inappropriate 911 calls been diverted to 211 or appropriate calls forwarded to 911 from the call center? (Acquire documentation.)
46. Are you linked to other call centers in a state or regional network? Can you briefly describe that network? Do you share resources? Explain. (Acquire documentation.)
47. Are I&R data used as a community planning tool to help identify human needs and service gaps? Explain.
48. Do you make other uses of your information request and referral data? Explain.

MARKETING

49. Is there or has there been a marketing strategy for 211 services? Explain method, motivation/strategy, target populations (including hard to reach, i.e., non-English speaking, homeless, abused, etc.), effectiveness, and costs.
50. If so, how was this funded (211 funds, donations, in-kind, etc.)?
51. Did marketing influence the mix of clients or the types of requests received?

CHALLENGES/OPPORTUNITIES

52. In your opinion, what have been the most significant changes, if any, in the operation of call centers since the introduction of 211 access?
53. What are the greatest challenges presented to you as a call center administrator?
54. What might be done to reduce or overcome these challenges? How does or can 211 access help you to do so?
55. What costs associated with operating a 211 call center, in your opinion, are possibly too high and could be reduced? Explain.

56. What expenditures have you had to defer (e.g., computer upgrades, training, wage & salary increases) or reduce (staff, benefits, etc.)?
57. In your opinion, what are the most outstanding benefits that 211 I&R brings to the community?
58. What do you think will be different about this 211 I&R call center in 5 to 10 years?

FINANCIAL OFFICER

Repeat introduction and add that we like to discuss 211 I&R funding, including the sources and totals of funds and expenditures. We would like to distinguish between marginal 211 expenditures apart from complete call center expenditures, both as start-up and ongoing costs to the extent possible. We would also like to review the accuracy, comprehensiveness, and completeness of budget/expenditure reports provided by the site.

1. What is the approximate annual cost to fund the call center and the comprehensive I&R services you provide?
2. Does this fluctuate much annually and if so, how might you explain the changes?
3. Can you specify the marginal costs of operating 211 access separate from all other I&R call center expenditures? If so, what expenses would this include? What is the approximate annual cost?
4. Can you determine the cost of developing and implementing 211, i.e., start-up costs apart from operational costs? (workstations, computers, desks, chairs, file cabinets, phones, phone system, staff training, etc.) Explain.
5. Does your fiscal reporting system report the ongoing costs per year for the following expense categories?

telephone \$ _____
 annual connection charges \$ _____
 certification training \$ _____
 staff training, exclusive of certification \$ _____
 rent \$ _____
 utilities \$ _____
 copying, postage, supplies \$ _____
 travel \$ _____
 consultants \$ _____
 insurance \$ _____
 marketing \$ _____
 website development and updating \$ _____
 labor costs \$ _____

6. Does a parent organization or partner (e.g., United Way) cover any costs such as rent, utilities, liability insurance through cash or in-kind assistance?
7. What metrics are used to drive the budget?
8. What are the call center's funding sources?

Grants (public and private)

Private contributions

General operating funds of organization

Fees generated by I&R services

In-kind

Other _____

9. Do you or someone else at the call center estimate the value of donations or in-kind and volunteer assistance to the I&R operations? Explain.
10. Have you outsourced or considered outsourcing non-core services (e.g., payroll)?
11. Do you estimate/calculate cost per call and if so, what is it and how is that determined?
12. Is there an optimal call volume or cost per call associated with financial efficiency (you need to break even)?
13. In your opinion, is there an optimal size in terms of geographic/spatial coverage for an I&R center, and if so what would that be? Or would population size or call volume be more relevant factors for determining how large an area a call center should serve?
14. In your opinion, what have been the most significant expenditure effects in the operation of call centers since the introduction of 211 access?
15. What are the greatest challenges presented to you as a fiscal administrator of a 211 call center? What might be done to reduce or overcome these challenges?
16. What costs associated with operating a 211 call center, in your opinion, are possibly too high and could be reduced or eliminated? Explain.
17. What expenditures have you had to defer (e.g., computer upgrades, training, wage & salary increases) or reduce (staff, benefits, etc.)?
18. In your opinion, what are the most outstanding benefits that 211 I&R brings to the community?

19. What do you think will be different about this 211 I&R call center in 5 to 10 years?

DATABASE MANAGER

Repeat Introduction and add: There may be several databases in the I&R Center. We would like to speak with you about the development and maintenance of the organizational and resources database that you use for I&R, the call database that tracks the types of calls and actions taken, and the telephone database that measures events like wait time, average call length, abandonment rate, etc. We'd like to know about the features, availability, use, and your responsibility related to these databases.

1. Are you responsible for these databases? Explain your roles and responsibilities briefly.
2. What is the hardware and software configuration for these systems?
3. How did you create your database of organizations/resources? Did you start with a pre-existing list/database used by a previous I&R center or volunteer center?
4. How often do you validate and update resource information? How is this done?
5. Do you feel that the database of organizations/resources is meeting the needs of the staff and clients?
6. Is the organizational database available on the Web? Who maintains the Web site and how is it paid for?

If so, do you feel this is helpful in meeting the needs of I&R seekers?

How would you improve or change this?
7. Can you briefly describe the elements in your call database?
8. When and how does a call get entered into the database?
9. How do you deal with "phantom" calls?
10. Does your total call volume include all calls or only those for which information and referral are recorded?
11. Do you feel this call data is meeting the needs of the management, staff and others for whom this data may be useful? How would you improve or change this?

12. (If appropriate.) Can you briefly describe the elements in your telephone database?
13. Do you feel this telephone data is meeting the needs of the management, staff and others for whom this data may be useful?
14. Does the call center receive an annual funding allocation, assistance with the development of your technical networks, or in-kind or other assistance from other sources for the operation and maintenance of the databases? Explain. (Acquire documentation.)
15. Have there been changes in resources allocated to data management staffing and equipment needs associated with 211 access and the expansion of I&R?
16. Do you have printed resource directories that you make available? Are they useful? Do they enhance or drain revenues?
17. Are you linked to other call centers in a state or regional network? Can you briefly describe that network? Do you share resources? Explain. (Acquire documentation.)
18. Are calls rerouted for overflow or after hours to another center? Are the volume and types of calls rerouted captured in a database? Please explain.
19. Are I&R data used as a community planning tool to help identify human needs or service gaps? Explain.
20. Do you make other uses of your information request and referral data? Explain.
21. In your opinion, what have been the most significant changes, if any, regarding database management in the operation of call centers since the introduction of 211 access?
22. What are the greatest challenges presented to you as a database manager?
23. What might be done to reduce or overcome these challenges?
24. What costs associated with database management, in your opinion, are possibly too high and could be reduced? Explain.
25. What expenditures have you had to defer (e.g., computer upgrades, training, wage & salary increases) or reduce (staff, benefits, etc.)?
26. In your opinion, what are the most outstanding benefits that 211 I&R brings to the community?

27. What do you think will be different about this 211 I&R call center database management in 5 to 10 years?

COMMUNICATIONS TECHNOLOGY SPECIALIST

Repeat Intro adding: We'd like to review the 211 I&R telecommunications set-up (grid/network/operating system, phone trunks, TI lines, fiber vs. copper, etc.) with you

1. Can you briefly describe the telecommunications background of the 211 system. What happens when an individual dials 211?
2. How is this different than a toll free (1-800) number?
3. Are you linked to other call centers in a state or regional network? Can you briefly describe that network? Do you share resources? Explain. (Acquire documentation.)
4. Are calls rerouted for overflow or after hours to another center? How? Is there an additional charge for this? If so, how much and who pays?
5. How many I&R phone lines do you have?
6. In this telecommunications network, does the call center incur the following costs? Explain.

service agreement and fees _____
per call _____
per minute _____
monthly/annual charges _____
7. What are the strengths of the present system? Its limits? What would you recommend as an alternative or an improvement? Explain.
8. What is the status of the website? Review website functionality and visitation/use rates. Who maintains the website and how is it paid for?
9. In your opinion, what have been the most significant changes, if any, in the telecommunication structure and pricing in call centers since the introduction of 211 access?
10. What are the greatest challenges presented to you as a telecommunications specialist?

What might be done to reduce or overcome these challenges?

11. What costs associated with telecommunications, in your opinion, are possibly too high and could be reduced? Explain.
12. What expenditures have you had to defer (e.g., computer upgrades, training, wage & salary increases) or reduce (staff, benefits, etc.)?
13. In your opinion, what are the most outstanding benefits that 211 I&R brings to the community?
14. What do you think will be different about the telecommunications configuration serving this 211 I&R call center in 5 to 10 years?

I&R SPECIALISTS

Repeat introduction, adding: We'd like to speak with you briefly about your experiences taking I&R calls or providing specialized services. We are particularly interested in finding out how 211 I&R may benefit those who use the network.

1. How many calls do you receive throughout a "typical" day?
2. What is the average call length in minutes? Is there much variation? What accounts for this?
3. Do you feel that certain populations use I&R services more than others? Explain.
4. Has 211 influenced the types of calls or callers? Has it changed the accessibility for any certain populations or groups?
5. Do you receive calls from the same persons for different information?
6. What are the most common types of calls/requests for information and/or services?
7. How accurate is the information and referral database? How do you determine this?
8. Do you ever send print materials (application forms, informational brochures, etc.) to callers? Are these available through your website?

Is the information in your organization/resources database available online?

If yes, is all the information available or just portions of it?

9. In what ways as an I&R specialist to you think that you are most helpful to callers?

10. What are some of the ways that these individuals and families have told you that they benefited from 211 I&R?
11. How many calls in a typical day are from other agencies seeking to help their clients?

Which agencies are most common?

What kind of assistance are they seeking for their clients?
12. Do you provide information regarding application procedures or eligibility requirements for programs administered by other agencies? Explain.
13. Do you pre-screen clients and/or give them eligibility requirements for specific human services? If yes, for what services?

If yes, how often in a typical day?
14. Can you schedule appointments for callers at agencies? Explain.
15. Do you get many calls from people seeking employment assistance? What do you do?
16. Do you receive call from people wanting to donate time or other resources? How many in a typical day?
17. Have you ever taken calls at the time of a crisis or disaster? If so, could you tell us about the role of 211?
18. Do you ever get calls from employers trying to find assistance for one of their employees? Explain.
19. What percentage of calls do you follow up? _____%

Is follow-up selection typically made:
 - a. by a random sample of total # of calls?
 - b. by type of call?
20. Have you seen changes in types or number of calls or in caller profiles pre/post 211?
21. How do you serve special populations (hearing-impaired, blind, non-English) callers? Has the number of calls from these changed since 211 was introduced?
22. Do you have bi/multilingual staff?

23. Do these receive pay differentials?
24. Do you record information about each I&R call you receive? What is it?
25. How do you handle “phantom” calls?
26. In your opinion, what have been the most significant changes, if any, in the operation of call centers since the introduction of 211 access?
27. What are the greatest challenges presented to you as an IRS?
28. What might be done to reduce or overcome these challenges?
29. In your opinion, what are the most outstanding benefits that 211 I&R brings to the community?
30. What do you think will be different about this 211 I&R call center in 5 to 10 years?

CONCLUSION

Thanks for being so generous with your time and insights; you have been very helpful. We will share our draft analysis with you later, and may have a few follow-up questions before that. Thanks.

LOCAL COLLABORATORS

Thank you for hosting our visit. Our research team today includes As you may recall, we are from the Ray Marshall Center for the Study of Human Resources, a research and evaluation unit of the LBJ School of Public Affairs at The University of Texas-Austin. We are collecting data and visiting sites as part of an effort to develop a national benefit/cost analysis of 211-accessed information and referral services. The project is supported by the United Way of America. We plan to produce discrete benefit/cost estimates for each of the eleven sites in the study and a national estimate. We hope that the results, which we shall share with you for review and comment prior to preparing the final report in September 2004, will serve as a tool that helps to communicate the net social value of I&R efforts in your community, as well as the prospective value of comprehensive national coverage. Our purpose today is to find out how 211 I&R may help your organization to operate more efficiently and/or more effectively serve your clients.

1. What are the mission and principal objectives of your organization?
2. Could you give us your job title and a brief description of your duties?
3. In what ways do you interact with the 211 I&R network? Do you give or get referrals? Other?
4. What do you value about 211?
5. What did you do before 211?
6. What would you do without 211?

Explore the following based on functional relationships:

7. Contributions to operational efficiency:
8. Contributions to client well being:
9. Cost avoidance: Staffing Db Management Other
10. Workload reduction: (effort/time; salary range/staff; frequency)

Appendix D:
Conversations with 2-1-1 Customers
Protocol and Results

PROTOCOL

1. How did you first learn about 2-1-1?
2. Do you use 2-1-1 often?
3. Have you ever called 2-1-1 late at night or on the weekend when most agencies and businesses are closed?
4. Do you generally call for the same type of information or for a variety of reasons?
5. Did you receive the information you needed?
6. Has the call center staff ever directed you to other types of assistance in addition to the type of assistance you called to find out about?
7. Have you ever been given the wrong information when you called 2-1-1, for example, been directed to a provider that really had nothing to offer you or you did not qualify?
8. How did you find the services you need before 2-1-1?
9. Is it easier now to find help when you need it because of 2-1-1?
10. Did you ever call 9-1-1 for a type of help or information that you now know 2-1-1 could give or direct you to?
11. Has a call to 2-1-1 ever been able to save you or someone close to you time, including time at work or from taking time off work to get the help you need?
12. Have 2-1-1 representatives ever called you back to determine if your needs were met? If so, please describe follow-up call.
13. What would you improve about 2-1-1?
14. Do you currently use other help lines or organizations to address your needs? If yes, how is 2-1-1 different?
15. Have you ever used the Internet to find information about services that would be helpful to you or someone close to you?
16. What are the differences between using 2-1-1 and the internet?
17. Do you think you will call 2-1-1 again? Why?
18. Overall, how did you benefit most from 211?

TABULATIONS

Client Data Assessment: Aggregate Data for All Sites

	Number of People	Percentage of Total
Question 1. People heard about 2-1-1 from?		
Non-profit Agency	29	12%
Public Agency	40	17%
Pre-existing I&R	11	5%
Employer	18	8%
Media (radio, TV, billboard, newspaper)	24	10%
Phone Book	16	7%
Pamphlet/ Print Directory	9	4%
Word of Mouth	55	23%
Client does not remember	19	8%
Other	17	7%
Total	238	100%
Question 2. Number of times client has called 2-1-1?		
Once ever	72	30%
2-3 times	69	29%
4-9 times	31	13%
10 or more times	67	28%
Total:	239	100%
Question 3. Called late at night or weekends?		
Yes	47	21%
No	182	79%
Total:	229	100%
Question 4. Generally calls for the same type of information or a variety of reasons?		
Same	79	35%
Variety	148	65%
Total:	227	100%

Client Data Assessment: Aggregate Data for All Sites (cont.)

	Number of People	Percentage of Total
Question 5. Received information needed?		
Yes	220	93%
No	17	7%
Total:	237	100%
Question 6. Ever directed to other types of information in addition to the reason for the call?		
Yes	91	42%
No	124	58%
Total	215	100%
Question 7. Ever been given the wrong information by 2-1-1?		
Yes	34	16%
No	185	84%
Total	219	100%
Question 8. How caller found services before 2-1- 1?		
Used 4-1-1	16	7%
Non-profit agency	11	5%
Public agency	30	13%
Pre-existing I&R	6	3%
Phone book	68	29%
Pamphlet/print directory	7	3%
Word of mouth	34	15%
No prior need	44	19%
Unable to find services before	31	13%
Other	27	12%
Number of Respondents	231	
Question 9. Easier to find help when you need it because of 2-1-1?		
Yes	208	93%
No	15	7%
Total	223	100%

Client Data Assessment: Aggregate Data for All Sites (cont.)

	Number of People	Percentage of Total
Question 10. Called 9-1-1 for help that now knows 2-1-1 can provide?		
Yes	13	8%
No	159	92%
Total	172	100%
Question 11. Saved time, including time at work?		
Yes	89	44%
No	112	56%
Not employed (subset of No)	28	(14%)
Total	201	100%
Question 12. Called back to determine if needs were met?		
Yes	71	38%
No	116	62%
Total	187	100%
Question 13. What to improve about 2-1-1?		
More resources in database	10	5%
Access 24/7	6	3%
Cell phone access	1	0%
Expand service area	5	2%
More marketing	17	8%
More skilled, professional I&R specialists	7	3%
Quality of information	6	
Nothing	157	71%
Other	13	6%
Number of Respondents	222	
Question 14. Have used other helplines to address your needs?		
Yes	52	23%
No	171	77%
Total	223	100%

Client Data Assessment: Aggregate Data for All Sites (cont.)

	Number of People	Percentage of Total
Question 15. Have you ever used the internet to find services like the ones 2-1-1 provides?		
Yes	82	37%
No	141	63%
No computer (subset of No)	32	(14%)
Total	223	100%
Question 16. Differences between using 2-1-1 and the internet?		
2-1-1 can offer more appropriate and specific information	23	32%
Ease and speed of 2-1-1	35	49%
Talking with real person	16	23%
Ease and speed of internet	6	8%
Other	5	7%
Number of Respondents	71	
Question 17. Will call 2-1-1 again?		
Yes	226	97%
No	7	3%
Total	233	100%
Question 18. Most benefit from 2-1-1?		
24/7 availability	12	5%
Ease and speed of access	98	43%
Reliable and accurate information	57	25%
Quantity of information	40	17%
Human contact	28	12%
Avoided catastrophe	9	4%
No cost service	7	3%
Did not benefit	12	5%
Other	36	16%
Number of Respondents	229	

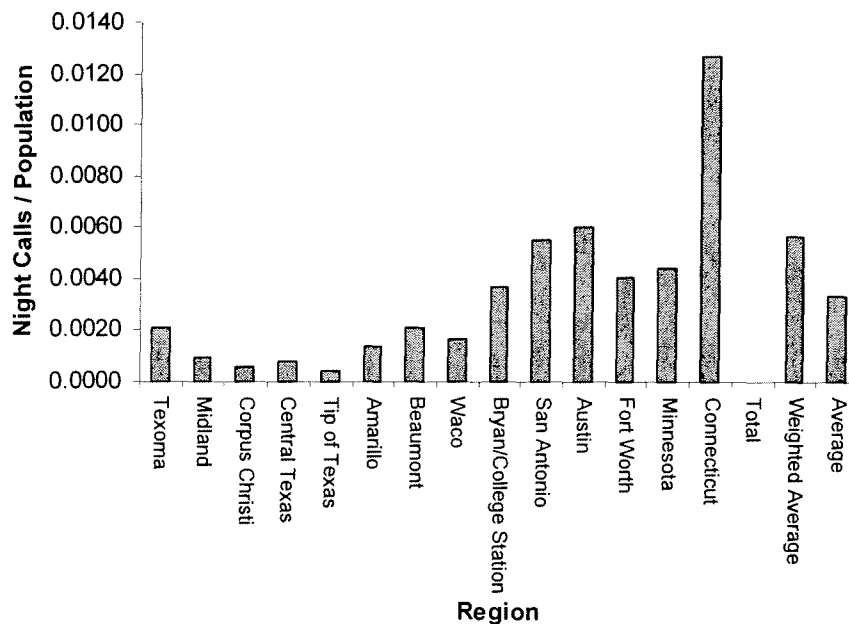
Appendix E: Estimating After-Hours Calls Per Capita

One of the parameters needed to estimate the costs and benefits of 211 is an estimate of the number of after-hours (night and weekend) calls per capita. Having an estimate of this parameter gives us the ability to estimate the number of after-hours calls for a region given its population.

To perform this estimate, we gathered data on after-hours calls and population for 211 regions in Texas, Minnesota and Connecticut. The following table shows the raw data.

Area	After-Hours Calls	2003 Population (Est.)	Annual Night Calls per Capita
Texoma	146	70,272	0.0021
Midland	366	401,106	0.0009
Corpus Christi	320	528,195	0.0006
Central Texas	292	362,538	0.0008
Tip of Texas	498	1,076,404	0.0005
Amarillo	698	517,125	0.0013
Beaumont	796	382,629	0.0021
Waco	554	331,033	0.0017
Bryan/College Station	1,022	277,354	0.0037
San Antonio	10,720	1,933,826	0.0055
Austin	8,876	1,482,185	0.0060
Fort Worth	8,008	1,963,233	0.0041
Minnesota	14,857	3,374,966	0.0044
Connecticut	44,184	3,483,372	0.0127
Total	91,337	16,184,238	
Weighted Average			0.0056
Average			0.0033

This data can be better understood visually with the aid of the following graph:

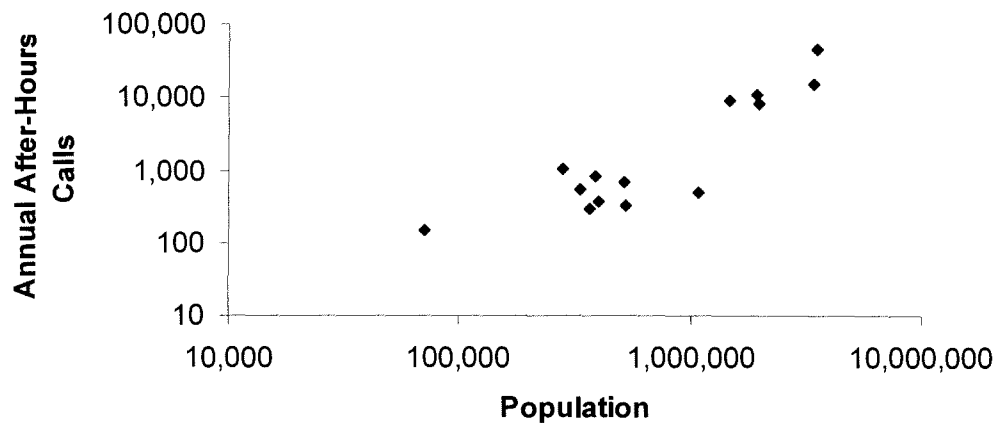


After Hours Calls Per Capita

Both the table and graph indicate that Connecticut is an outlier. Furthermore, Connecticut dominates the weighted average because it had more calls than the rest of the areas combined. The Connecticut per-capita after-hours call volume is thought to be higher than other areas because it is well-publicized, offers specialized as well as core services, and has been in operation for several years.

The following scattergram shows the relationship between population and calls. Both the horizontal and vertical axes are logarithmic not because the relationship is necessarily logarithmic, but because the large variations in scale make a linear representation of the data less informative. A linear graph is included later in this note.

After-Hours Calls as a Function of Population



Regressions of after-hours calls as a function of population produced the following results:
1.44812154 -12.15890067

$$\text{Calls} = 0.0886 \times \text{Population} - 3723.3$$

(5.61) (-1.48)

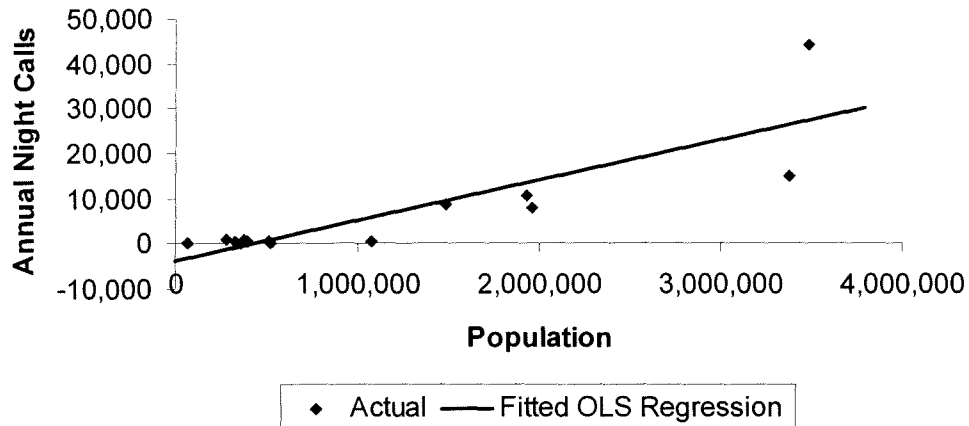
$$\ln(\text{Calls}) = 1.44812 \times \ln(\text{Population}) - 12.1589$$

(6.53) (9.06)

Where the numbers in parentheses are t-statistics for the null hypothesis that the parameter is zero. In the logarithmic regression, the t-statistic for the null hypothesis (i.e., that the coefficient of the log population is one) is 2.05, which is not statistically significant at the 0.05 level.

The following graph shows the result of graphing the actual and fitted values on a linear graph, with the fitted linear regression line superimposed on the data.

After-Hours Calls as a Function of Population

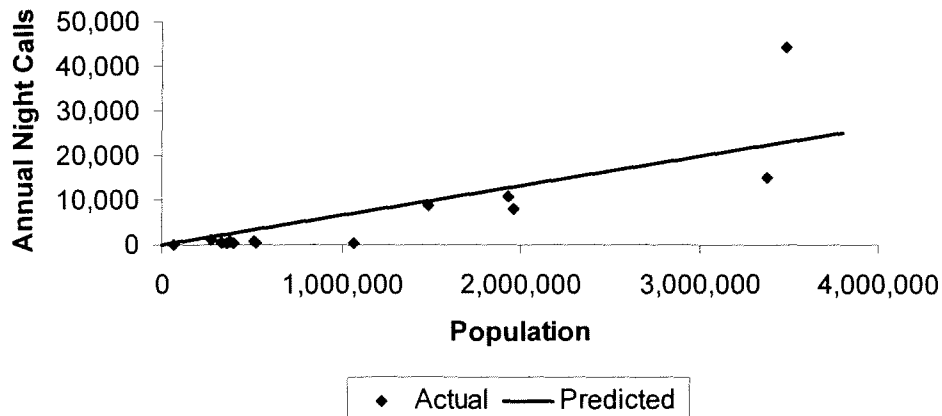


The result indicates that linear regression approach is not infeasible because for a significant part of the domain of the function, it produces negative predictions of call volume. The negative predictions are the result of having a negative constant term in the regression. A test of the constant term against the null hypothesis that it is zero cannot be rejected at the 0.05 level. For these reasons, the preferred approach is to predict after-hours call volume as a simple proportion of population, without a constant term, and the selected coefficient to use in this prediction is the weighted average from the table above, namely 0.0056. After-hours call volume may be estimated with the following formula:

$$\text{After-Hours-Annual-Call-Volume} = 0.0056 \times \text{Population}$$

The following graph shows the actual and predicted values based on this prediction method.

After-Hours Calls as a Function of Population



Appendix F: A Treatise on Cost Comparisons

The purpose of this note is to look at the mathematics of three kinds of call center organizational models : e.g., a centralized administration/single call center model, a decentralized administration/ multiple call center model (also known as the independent model for this treatise), and a hybridized centralized /decentralized call center model incorporating features of both, to assess the affect of the model on costs . In a centralized model, a single call center provides I&R for the entire state and maintains the database of resources. In the decentralized or independent model there is no single entity responsible for statewide administration of 2-1-1 or its service delivery components, e.g., operating the call centers or maintaining a central database. Each call center serves a substate area and maintains its own database of resources. In the hybrid model, multiple call centers may serve substate areas as in a decentralized approach, but the state or another entity has organized other features of a comprehensive network, e.g., system administration, telecommunications or a statewide database, as in a centralized model. Under this model, we also posit that a single call center will take after hours calls.

In the following paragraphs, we will develop total cost functions for these three kinds of organization. Then we will compare costs among them with the goal of finding out which approach is likely to be the least costly.

For the independent approach, the total cost function is:

$$TC_{indep} = \sum_{i=1}^N [F_i + V_{di} \cdot C_{di} + V_{ni} \cdot C_{ni}]$$

Where:

TC_{indep} =Total Cost of the independent approach

F_i =Fixed costs at installation i

N =the number of subareas

V_{di} =Variable Cost per Call, area i, daytime

V_{ni} =Variable Cost per Call, area i, nighttime

C_{di} =Call volume, area i, daytime

C_{ni} =Call volume, area i nighttime.

Fixed costs are those that do not fluctuate with call volume. These costs would include the cost of software, rent, workstations, electric and water utilities, etc. The variable costs depend on the wages of the telephone workers and per-call telephone fees.

For the centralized approach, the total cost function is:

$$TC_{cent} = F_c + V_{dc} \cdot \sum C_{di} + V_{nc} \cdot \sum C_{ni}$$

Where the variables are defined similarly to the variables in the independent model. Note that we are assuming call volume to be the same regardless of organizational approach.

For the hybrid approach, the total cost function is:

$$TC_{Hybrid} = \sum F_i + I + \sum V_{di} C_{di} + V_{nc} \cdot \sum C_{ni}$$

Where all variables are similarly defined, except the new variable I, which is the incremental fixed cost of upgrading one of the call centers to receive night calls, plus the fixed cost of setting up the other call centers to link to that call center at night.

Armed with these equations, we will now proceed to compare total costs between alternatives. First, we compare TC_{indep} with TC_{cent} . The comparison is done by subtracting cost one from the other. If the difference is nonzero, then one of the approaches is cheaper than the other. The difference to be studied is:

$$TC_{indep} - TC_{cent} =$$

$$\sum F_i + \sum V_{di} C_{di} + \sum V_{ni} C_{ni} - F_{cent} - V_{dc} \sum C_{di} - V_{nc} \sum C_{ni} =$$

$$[\sum F_i - F_{cent}] + [\sum V_{di} C_{di} - V_{dc} \sum C_{di}] + [\sum V_{ni} C_{ni} - V_{nc} \sum C_{ni}]$$

The first term in this expression is arguably positive. That is, we think it is likely that building four small call centers is going to be more expensive than building one large call center. The second term is likely to be positive, but there are conflicting influences that makes it impossible to unambiguously assert that it is positive. The third term is almost certainly positive, but again there are conflicting influences. If all three terms are positive, as is likely, then TC_{indep} is more expensive than TC_{cent} .

The second term could be negative if there are savings in communications cost for having decentralized offices—the average distance from caller to center is likely to be shorter in the independent approach than in the centralized. However, since telephone long distance rates are becoming independent of distance, this advantage of decentralization is likely to be small or non-existent. In Texas, where voice-over-internet is used to route after-hours calls, there is no additional variable communications cost for using a centralized system for after-hours calls.

Another influence on the second term is the concept of economies of scale. Economies of scale suggests that costs might be lower at higher levels of output. A concentration of call volume in a single site, rather than dispersed across several sites, suggests that the centralized approach might be more cost effective. When night calls are considered (the third term in the above equation),